SFUND RECORDS CTR 2166-03692

88133113

AiResearch Los Angeles Division

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September 17, 1992

VIA CERTIFIED MAIL

Mr. Chris Stubbs South Coast Groundwater Section H-6-4 United States Environmental Protection Agency 75 Hawthorne Street San Francisco, California 94105

Re:

Allied-Signal Aerospace Company

11600 Sherman Way

North Hollywood, California

Dear Mr. Stubbs:

The following enclosures are submitted as addenda to information originally submitted July 21, 1992, as requested in the United States Environmental Protection Agency (EPA) letter dated May 22, 1992 pursuant to Section 104(e) of CERCLA and Section 3007 of RCRA, regarding the referenced site.

As discussed in our telephone conversation September 8, the enclosed information is primarily in reference to underground storage tank operations in Question 13 of the response dated July 21, 1992. The information enclosed herein includes:

Appendix A California Regional Water Quality Control Board - Los Angeles

Region, Industrial Facility Survey Form submitted January 12,

garage said

1984

Underground Storage Tank (UST) Lists (3) Appendix B

Appendix C Registration Forms for UST Nos. 2-6, 8, 11-20

Appendix D Environmental Activity List from 1984 - 1986

Appendix E Manifests - 1980 through 1988 (EPA has 1989 through 1991

manifests from 1991 information request)

NAG92161.LTR

Mr. Chris Stubbs September 15, 1992 Page 2

In addition, an effort will be made to procure information through interviews with available former employees regarding further information concerning the operations of the underground storage tanks at the referenced site (to be submitted in a second package at a date to be determined).

If you have any questions or comments, please call me at (310) 512-1310.

Sincerely,

Nancy A. Girten

Environmental Project Engineer

Enclosures

cc: Kenneth J. Berke, Esq. (w/ Appendices)

Juli Marshall, Esq. (w/ Appendices) Debbie Moore (w/o Appendices) Roy Nutter (w/o Appendices)

ATTACHMENT A

CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD LOS ANGELES REGION

MA, 652 1-12-84

INDUSTRIAL FACILITY SURVEY FORM

(Use Separate form for each facility address.)

I.	Company Name: B	ENDIX EL	ECTRODYNAMICS DIVN.		•
II.	Facility Address: 1		RMAN WAY		
	IN	U. RULL!	WOOD, CA., 91005		
		Thomas (Guide ref. (page & gr.	id no.) PG. 16	GRID 4D
III.	SIC Code(s): 3	728 & 37	731		
	A. EPA I.D. No.	(RCRA)	CADO 08325334		
	B. City Permit	No.	W-11943 & w-24221		
	C. County Permi	t No.	NA		
	. D. Others		NA		
IV.	Firm Representative	R.J.	SLATTERBECK		
	A. Title	PLAN	T ENGINEER	الراباة المساورة والمساورة	
	B. Phone No.	(213)	765-1010		
v.	Type of Industry:	AIRC	RAFT & SHIP HYDRAULIC	COMPONENT	
		MANUI	FACTURING & TESTING		
	,				
VI.	Type of storage fac	ilities	located at the site.		
•	A. Underground nor	-waste :	storage tanks		
	Yes X		No ·	Total Number	5
	B. Underground was		age tanks		
	Yes X		No	Total Number	5

r,	(Co.	n't.)					
	c.	Above	ground non-	waste storage tan	ks	: -	
		Yes	Χ	No		Total Number	1
	D.	Above	ground wast	e storage tanks .		•	
		Yes .		No	Х	Total Number	0
	E.			treatment tanks wer discharges)	(Including 1	pretreatment tar	iks and
		Yes .	χ٠	No		Total Number	3
τ.			_	k Information For needed) for <u>each</u>			se make
I.	Pip	ing -	above ground estimated le	ngth NA	underground estimated	N: /3	*************************************
			name(s) of (s) carried:				
		e(s) i. sted:	nstalled/ -	and the state of t		ang ng kalandaga naga na kalangan ng ngangga naga naga ng mga ng mga kalanda Maraya.	-
		avity ow _		Pressure flow	يان د د د د د د د د د د د د د د د د د د د	Piping material	
	Cor	rosion	protection	- Cathodic	Coated	Wrapped	
	Rem	arks:					
x.	Typ	e of s	torage fa cil	ities which have	been remove	d or abandoned :	in place.
	_	Under	ground non-w	vaste storage tank	s Yes	No	Х
	A.	Diver					
	A.			f abandoned tanks	0		

Industrial Facility Survey Form

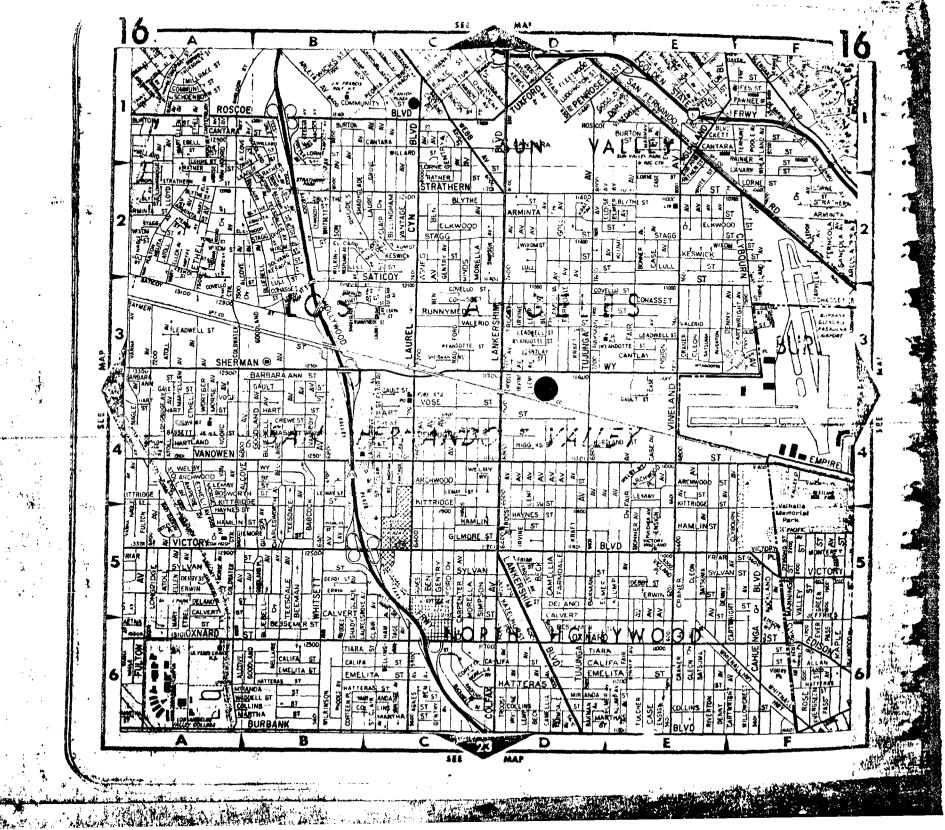
IX.	A.	(Con't.)			
		Type of abandonment - Remov	val NA	Date(s) Removed	
		Abandoned in place - Filled	1	Unfilled	·
			(give mater	ial)	
		Date(s) of abandonment	NA		
	B.	Underground waste storage		No _	X
		Total number of abandoned	d tanks)	•
		Chemical names of materials	s which were s	tored in tanks	NA NA
				Date(s)	
		Type of abandonment - Remo		Removed	
		Abandoned in place - Fille	d (give mater	Unfilled	
				141)	
		Date(s) of abandonment	NA		***************************************
х.	imp	ally, as you know spills of eact upon the underlying group to the property of the prevention of the pr	undwaters.		
		Give a brief description:			
		CIVIL & ENVIRONMENTAL EN			
					90025
	B.	Do you have procedures to	be followed in	the event of a sp	pill?
		Yes X No			
		Give a brief description:	EMERGENCY RE	SPONSE TEAM IS FOR	MED WITH
		LENGTHY PROCEDURES ESTAB	LISHED.		
	•				

Industrial Facility Survey Form

- The form shall be signed below as follows: XI.
 - A. In the case of corporations, by a principal executive officer at the level of vice-president or his duly authorized representative if such representative is responsible for the overall operation of the facility where the tanks are located, or
 - B. In the case of a partnership, by a general partner, or
 - C. In the case of a sole proprietorship, by the proprietor, or
 - D. In the case of a municipal, State, or other public facility, by either a principal executive officer, ranking elected official, or other duly authorized employee.

This form has been completed under penalty of perjury and, to the best of my know-

SILNED BT BRUCKER ledge, is true and correct. Signature: Date: Phone No. () Printed Name: Title: R.J. SLATTERBECK Contact Name (if different from above): Phone No. (213) 765-1010 PLANT ENGINEER Title:



hec	eck the appropriate box for tank	you are describi	ng:			
	A. Underground	non-waste storage	tank.			
	B. Underground	waste storage tan	k.			
	C. Above ground	i non-waste storag	e tank.	<u>.</u> .	-	
	D. Above ground	l waste storage ta	nk.		•	
•	The state of the s	waste treatment t ving 1 toilet & 1 Tank I.D. No.	sink	Capacity	1,000	Gal.•
						Х
j.	Interior Lined Exterior Wrapped/Coated Cathodic Protection Vaulted Date(s) Inspected and Agency: Date(s) Tested and Method: Chemical Name of Material in 2 Describe your Tank Integrity F	Tank: HUMAN W				
3.		he tank since its	installatio	n and give	the dat	e(s) of

.x ====	approp	riate	box for ta	ank you are descr	ribing:		
	XX	λ.	Undergroui	nd non-waste sto	rage tank.		
		B.	Undergroui	nd waste storage	tank.		
		c.	Above grou	ound non-waste st	orage tank.		 -
		D.	Above grou	ound waste storage	e tank.		•
		E.	Undergröui	nd waste treatme	nt tank.		
Date Insta	lled _	4/3	0/42	Tank I.D. No.		Capacity	450 Gal. •
Type	of tank	: Me	tal X	Fiberglass	Concrete		Other
Prote	ection A	gains	t Corrosio	on (Give material	if applicable)	:	
	Inter	ior L	ined				
	Exter	ior W	rapped/Coa	ted EXTERIOR	COATED		
			Protection				
	Vault	ed			Non-Vaulted		
Date	(s) Insp	ected	and Agenc	<i>y</i> :			
Date	(s) Test	ed an	nd Method:				
Chemi	i cal N am	e of	Material i	in Tank: KEROS	ENE		
Desci	ribe you	r Tan	k Integrit	ty Program and it	s results: MATI	ERIAL IS C	AREFULLY METERED
				Y FLUID LOSS WOUL			
						· · · · · · · · · · · · · · · · · · ·	
Desc:	ribe any	repa	ir made to	the tank since	its installation	n and give	the date(s) of
			NONE RE	EQUIRED			
the :	repair:						

	and appropriate	e 201 10	or tank you a	ie describi	ng :			
	X A.	Underg	round non-wa	ste s torage	tank.			
	В.	Underg	round waste.	storage tan	k.			
	_ c.	Above	ground non-w	aste s torag	e tank.		•	
	D.	Above	ground waste	storage ta	nk.		•	
	. 🔲 E.	Underg	round waste	treatment t	ank.			
Da t Ins	te stalled 4/	′30/42	Tan I.D	k . No		Capacit	450 GAL.	•
Tyį	e of tank: N	etal	X Fiberg	lass	Concrete		_ Other _	
Pro	tection Again	st Corro	osion (Give m	aterial if	applicable)	:	·	
	Interior	Lined _						
	Exterior	Wrapped/	/Coated EX					
			ion					
Dat	te(s) Inspecte	ed and Ag	gency:	O				
	te(s) Tested a							
	emic al N ame of							
De!	scribe your Ta	nk Integ	grity Program	and its re	esults: M	ATERIAL :	IS CAREFULLY	METERE
	N & OUT AND RE							
De	scribe any rep	air made	e to the tank	since its	installatio	n and gi	ive the date	(s) of
	e repair:	NONE	REQUIRED					
th								

	the appropriate box for tank you are describing:
	XX A. Underground non-waste storage tank.
	B. Underground waste storage tank.
	C. Above ground non-waste storage tank.
	D. Above ground waste storage tank.
	. E. Underground waste treatment tank.
D I	ate 4/30/42 Tank astalled 4/30/42 I.D. No. Capacity 450 GAL.
	ype of tank: Metal X Fiberglass Concrete Other
P	rotection Against Corrosion (Give material if applicable):
	Interior Lined
	Exterior Wrapped/Coated EXTERIOR COATED
	Cathodic Protection
	Vaulted Non-Vaulted
E	ate(s) Inspected and Agency:
	ate(s) Tested and Method:
C	hemical Name of Material in Tank: GASOLINE-REGULAR
Ľ	escribe your Tank Integrity Program and its results: MATERIAL IS CAREFULLY METERED
	IN & OUT AND RECORDED. ANY FLUID LOSS WOULD BE READILY DETECTED.
-	
-	
I	escribe any repair made to the tank since its installation and give the date(s) of
	he repairs NONE REQUIRED
t	he repair: NUNE REQUIRED
	he repair: None REQUIRED

(5)

		Tate box for	tank you are desc.	ribing:		
	XX	A. Undergro	ound non-waste sto.	rage tank.		
		B. Undergro	ound waste storage	tank.		
		C. Above g	round non-waste st	orage tank.		-
		D. Above gi	round waste storage	e tank.		
	. 🗆	E. Undergr	ound waste treatme	nt tank.		
Date Ins:	e talled	4/30/42	Tank I.D. No.		Capacity	450 GAL
Typ	e of tank	Metal X	Fiberglass	Concrete	Company of the April of the State of the Sta	Other
Pro	tection A	gainst Corros.	ion (Give material	if applicable)	:	
	Inter.	ior Lined				
			oated EXTERIOR			
			on			
	Vault					
Da t	e(s) Insp	ected and Age	ency:			
Dat	e(s) Test	ed and Method	?:			
Che	mical Nam	e of Material	in Tank: GASC	LINE-UNLEADED		
			rity Program and it		TERIAL IS	CAREFULLY METERED
			ANY FLUID LOSS WOL			
			المناولة والمشاركة فالمراجع والمراجع والأسمية المستحيدين المعاومة والمراجع والمراجع	<u> </u>		######################################
			to the tank since	its installatio	n and give	the date(s) of
 Des	cribe any	repair made				

che	ck the appropriate box for tank you are describing:	
	XX A. Underground non-waste storage tank.	
	B. Underground waste storage tank.	
	C. Above ground non-waste storage tank.	
	D. Above ground waste storage tank.	
		•
1.	Date Tank Installed 1965 I.D. No. Capaci	ty 3,000 GAL
2.	Type of tank: Metal X Fiberglass Concrete	
3.	Protection Against Corrosion (Give material if applicable):	
	Interior Lined	
	Exterior Wrapped/Coated X	
	Cathodic Protection	
	Vaulted BY CONCRETE WITH AIR GAP Non-Vaulted	
4.	Date(s) Inspected and Agency: NA	
	Date(s) Tested and Method:	
6.	Chemical Name of Material in Tank: "COOLCUT" BY UNION OIL	
	Describe your Tank Integrity Program and its results: VISUAL INSPECTION	
8.	Describe any repair made to the tank since its installation and g	rive the date(s) of
	the repair: NONE REQUIRED	

Chec	ck the appropriate box for tank you are describing:
	A. Underground non-waste storage tank.
	B. Underground waste storage tank.
	C. Above ground non-waste storage tank.
	D. Above ground waste storage tank.
	. XX E. Underground waste treatment tank CLARIFIER
	Date Tank
1.	Installed 1954 (APPROX.) I.D. No. Capacity 650 GAL.
2.	Type of tank: Netal Fiberglass Concrete X Other
3.	Protection Against Corrosion (Give material if applicable):
	Interior Lined
	Exterior Wrapped/Coated
	Cathodic Protection NOT REQUIRED
	Vaulted Non-Vaulted
4.	Date(s) Inspected and Agency:
5.	Date(s) Tested and Method:
6.	Chemical Name of Material in Tank: WATER ONLY
7.	Describe your Tank Integrity Program and its results:
	VISUAL
8.	Describe any repair made to the tank since its installation and give the date(s) of
	NONE
	the repair:

(8)

TANK INFORMATION FORM

ck the approp	riate box fo	or tank you are	describing	g:		
	A. Underg	round non-waste	storage	tank.		
XX	B. Underg	round waste sto	orage tank	•		
	C. Above	ground non-wast	te storage	tank.	· .	
	D. Above	ground waste st	torage tan	k.		
. 🗆	E. Underg	round waste tre	eatment ta	nk.		
Date Installed _	FEB. 1957	Tank	No		Capacity	1,015 GAL
Type of tank	: Metal	X Fiberglas	55	_ Concrete	(Other
Protection A	Igainst Corro	osion (Give mate	erial if a	pplicable)	•	
Inter	ior Lined					
Exter	ior Wrapped,	/Coated	Х		A15.400.400.000.000	
Date(s) Insp						
		VICUAL				
			DRAULIC OI	L & WATER		والمتحدث
_				UITS:		
IHI2 INNK	WILL BE PRE	SOURE TESTED IT	115 TEAK.	······································		
Describe any	; repair mad	e to the tank s	ince its i	nstallatio	n and give	the date(s) of
the repair:		NONE REQUI	RED			
						
					,	
						and the state of t
	Date Installed	A. Undergond XX B. Undergond C. Above D. Above D. Above E. Undergond E. Undergond E. Undergond Type of tank: Metal Protection Against Correction Interior Lined Exterior Wrapped Cathodic Protection Vaulted Date(s) Inspected and Against Chemical Name of Material Describe your Tank Integrated THIS TANK WILL BE PRESCRIBED Describe Described Described	A. Underground non-waste state XX	A. Underground non-waste storage XX B. Underground waste storage tank C. Above ground non-waste storage D. Above ground waste storage tank E. Underground waste treatment ta Date Installed FEB. 1957 Tank I.D. No. Type of tank: Metal X Fiberglass Protection Against Corrosion (Give material if a Interior Lined Exterior Wrapped/Coated X Cathodic Protection Vaulted X Date(s) Inspected and Agency: 9/69DUG UP, VII Date(s) Tested and Method: VISUAL Chemical Name of Material in Tank: HYDRAULIC OI Describe your Tank Integrity Program and its res THIS TANK WILL BE PRESSURE TESTED THIS YEAR.	C. Above ground non-waste storage tank. D. Above ground waste storage tank. E. Underground waste treatment tank. Pate FEB. 1957 Tank I.D. No. Type of tank: Metal X Fiberglass Concrete Protection Against Corrosion (Give material if applicable). Interior Lined X Exterior Wrapped/Coated X Cathodic Protection Vaulted Non-Vaulted Date(s) Inspected and Agency: 9/69DUG UP, VISUALLY INSP Date(s) Tested and Method: VISUAL Chemical Name of Material in Tank: HYDRAULIC OIL & WATER Describe your Tank Integrity Program and its results: THIS TANK WILL BE PRESSURE TESTED THIS YEAR.	A. Underground non-waste storage tank. XX

(9)

TANK INFORMATION FORM

he	ck the appropriate box for tank you are describing:
	A. Underground non-waste storage tank.
	B. Underground waste storage tank.
	C. Above ground non-waste storage tank.
	D. Above ground waste storage tank.
	. Ly E. Underground waste treatment tank CLARIFIER
ı.	Date Installed 1941(APPROX.) Tank I.D. No. Capacity 450 GAL.
?.	Type of tank: Netal Fiberglass Concrete X Other
3.	Protection Against Corrosion (Give material if applicable):
	Interior Lined
	Exterior Wrapped/Coated
	Cathodic Protection NOT REQUIRED
	Vaulted Non-Vaulted
ı.	Date(s) Inspected and Agency:
5.	Date(s) Tested and Method: WATER, SMALL QUANTITIES OF OIL, DILLUTED ACIDS WITH Chemical Name of Material in Tank: TOTAL PH OF 7-7.3.
	Describe your Tank Integrity Program and its results:
	VISUAL
8.	Describe any repair made to the tank since its installation and give the date(s) of
	the repair: NONE

the appropriate box for tank you are describing:		
A. Underground non-waste storage tank.		
B. Underground waste storage tank.	,	
C. Above ground non-waste storage tank.	٠ .	-
D. Above ground waste storage tank.	•	
. XX E. Underground waste treatment tank CLARIF	FIER	
installed 1942 (APPROX.) Tank	Capacity	450 GAL
ype of tank: Metal Fiberglass Concrete	X	Other
Protection Against Corrosion (Give material if applicable)	•	
Interior Lined		
Exterior Wrapped/Coated		
Cathodic Protection NOT REQUI	RED	
	3 Of OIL	
VISUAL		
	•	
Describe any repair made to the tank since its installation	n and give	the date(s) o
the repair: NONE		
uie lepail:		
uie repair:	:	
	B. Underground waste storage tank. C. Above ground non-waste storage tank. D. Above ground waste storage tank. E. Underground waste treatment tank CLARII Date 1942 (APPROX.) Tank I.D. No. Tank I.D. No. Type of tank: Metal Fiberglass Concrete Protection Against Corrosion (Give material if applicable). Interior Lined NOT REQUII Cathodic Protection NOT REQUII Date(s) Inspected and Agency: Date(s) Tested and Method: Chemical Name of Material in Tank: WATER & SMALL QUANTITIE Describe your Tank Integrity Program and its results: VISUAL	A. Underground non-waste storage tank. B. Underground waste storage tank. C. Above ground non-waste storage tank. D. Above ground waste storage tank. E. Underground waste treatment tankCLARIFIER Date 1942 (APPROX.) Tank I.D. No. Capacity Type of tank: Metal Fiberglass Concrete Protection Against Corrosion (Give material if applicable): Interior Lined Exterior Wrapped/Coated Cathodic Protection NOT REQUIRED Vaulted Non-Vaulted Date(s) Inspected and Agency: Date(s) Tested and Method: Chemical Name of Material in Tank: WATER & SMALL QUANTITIES OF OIL Describe your Tank Integrity Program and its results:

Che	ck the appropriate box for tank you are describing:
	A. Underground non-waste storage tank.
	XX B. Underground waste storage tank.
•	C. Above ground non-waste storage tank.
	D. Above ground waste storage tank.
	. Dnderground waste treatment tank.
1.	Date Installed 1954 (APPROX.) Tank I.D. No. Capacity 1,500 GAL.
2.	Type of tank: Metal Fiberglass Concrete X Other
з.	Protection Against Corrosion (Give material if applicable):
	Interior Lined
	Exterior Wrapped/Coated
	Cathodic Protection NOT REQUIRED
	Vaulted Non-Vaulted
4.	Date(s) Inspected and Agency:
5.	Date(s) Tested and Method:
6.	Chemical Name of Material in Tank:
7.	Describe your Tank Integrity Program and its results: VISUAL —
	LIQUID LEVEL REMAINS CONSTANT OVER 48 HR. TEST PERIOD. INSPECTION
	FREQUENCY 90 DAYS.
8.	Describe any repair made to the tank since its installation and give the date(s) of the repair: NONE

(12)Check the appropriate box for tank you are describing: A. Underground non-waste storage tank. Underground waste storage tank. (DRY) C. Above ground non-waste storage tank. D. Above ground waste storage tank. E. Underground waste treatment tank. Tank Date Installed _____1982 I.D. No. Capacity 500 GAL. 1. Type of tank: Metal _____ Fiberglass X Concrete ____ Other 3. Protection Against Corrosion (Give material if applicable): Interior Lined Exterior Wrapped/Coated NONE REQUIRED Cathodic Protection Vaulted Non-Vaulted Date(s) Inspected and Agency: ______ Date(s) Tested and Method: Chemical Name of Material in Tank: TANK IS DRY Describe your Tank Integrity Program and its results: VISUAL INSPECTION OF SURROUNDING CONTAINED AREA. THIS IS USED FOR SPILL CONTROL PURPOSES ONLY. Describe any repair made to the tank since its installation and give the date(s) of NONE REQUIRED the repair:

B. Underground waste storage tank.
C. Above ground non-waste storage tank.
D. Above ground waste storage tank.
. Description of the control of th
Date Installed 1941 (APPROX.) Tank I.D. No. Capacity 3,000 GAL.
Type of tank: Netal Fiberglass Concrete X Other
Protection Against Corrosion (Give material if applicable):
Interior Lined
Exterior Wrapped/Coated
Cathodic Protection NOT REQUIRED
Vaulted Non-Vaulted
Date(s) Inspected and Agency:
Date(s) Tested and Method:
Chemical Name of Material in Tank: WASTE OILS, WATER & GRINDINGS
Describe your Tank Integrity Program and its results: VISUALLIQUID LEVEL REMAINS CONSTANT OVER 48 HR. TEST PERIOD. INSPECTION FREQUENCY 90 DAYS.
CONSTANT OFFE TO HE TEST FERTON. INSPECTION INEQUENCE 30 DATS.
Describe any repair made to the tank since its installation and give the date(s) of
the repair: NONE

ATTACHMENT B

REGISTRATION PROGRAM

TANK NUMBER	DESCRIPTION	CAPACITY (GALLONS)
1.	Cesspool	
2.	Kerosene Tank	450
3.	Stoddard Solvent Tank	450
4.	Gasoline (Regular)	450
5.	Gasoline (Unleaded)	450
6.	TEC Coolant Tank	3,000
7.	Clarifier	650
8.	Hydraulic Oil Waste Tank	1,015
9.	Clarifier	650
10.	Clarifier	450
11.	Waste Oil Tank-Plant 2	1,500
12.	Spill Containment Tank (Dry)	1,000
13.	Waste Oil Tank-Salvage Yard	3,000
14.	Hone Filter Fluid Pit	
15.	Waste Catch Basin-Pump Room	50
16.	Chip Residue Sump-Salvage Yard	10
17	Natco Chip Conveyor Pit	
18.	Vapor Degreaser Pit	
19.	Air Pollution Scrubber Sump-North	1,000
20.	Air Pollution Scrubber Sump-South	1,000
21.	Plating Department Pit	
22.	Heat Treat Department Pit	

TANK NUMBER	CAPACITY (GALLONS)	CONTENTS	MATERIAL OF CONSTRUCTION	INSTALL. DATE	CURRENT STATUS
1 .	1,000	Domestic Sewage	Bricklined	1941	* Closed
2	450	Kerosene	Metal-exterior coated	1942	* Removed
3	450	Solvent-Stoddard	Metal-exterior coated	1942	* Removed
4	450	Gasoline-regular	Metal-exterior coated	1942	* Removed
5	450	Gasoline-unleaded	Metal-exterior coated	1942	* Removed
6	3,000	"Coolcut" (coolant) by Union Oil	Metal-exterior coated, Vaulted by concrete with air gap	1965	Secondary containment
7	650	Water	Concrete	1954	Exempt
8	1,015	Hydraulic oil and Water	Metal-exterior coated	1957	*
9	450	Water, oil, diluted acids; Ph of 7-7.3	Concrete	1941	Exempt
10	450	Water and some oil	Concrete	1942	Exempt
11	1,500	Waste oil	Concrete/Metal	1954	* Removed
12	500	Tank is dry	Fiberglass	1982	Exempt
13	3,000	Waste oils, water and grindings	Concrete/Metal	1941	*

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JANK REGISTRATION TANK ROSTER

CESSPOOL REGISTRATION NOT REGID KEROSENE TANK 450 GAL. 3, SOLVENT STODDARD. 450 GAL. 4. GASOLINE (REGULAR) 450 GAL @ 5. GASOLINE (UNLEADED) 450 GAL. tec COOLANT TANK 3000 GAC. REGISTRATION det REP'D CLARIFIER 650 GAL * B. HYDR. WASTE OIL TANK 1015 GAL. REGISTRATION NOT RICES CLARIFIER 650 GAL. KEGISTRATIONOT REG D. 10. CLARIFIER 4506AL # 11. WASTE CIL PUTZ 12. Spill CONTRINATINT TANK (DRY) REGISTRATION NOT REDIO CLASTE OI C-SALVAGE TARD 3000 GAL 米 13. * 14. HONE FILTER FLUID TRINK WASTE CATCHBASIN 921 PUM KEOM * 15. * 16. SUMP-CHIP RESIDUE SALVAGE YARD. TANK-CHIP CONVEYOR NATCO YEUGAL. 米 17 DEGREASER, VAPOR 150 GAL ¥ 18 AIR POLLUTION SCRUBBER SUMP-NORTH UNIT. FIRE PULLUTION SCRUBBER SUMP - SOUTHUNITE CLARIFIERS DE NOT KEQUIRE FEBISTRATER PER TELECON W/MZ. BACKEROWSKI OF WATER BUALITY BOARD (213) 620-5647 ON 8/8/84. (X) DENOTES REMOVED

Things to do	Malas
1.	Notes:
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
<u>11.</u>	
12.	
13.	
14.	
15.	
16.	
17.	Prompt Pick-up & Delivery
18.	Manuals • Newsletters • Handouts • Announcements • Reports • Booklets • Index Tabing • Slip Sheeting • Chapterization • Collating • Duplexing • Folding • Stapling • Stuffing • Sealing • Labeling • Sorting •
19.	And much more Desktop Publishing Copying Off-set Printing Mailing Services



CHECK REQUEST

				10/23/84
PAY TO		•		AMOUNT \$ 20.00
	CALIFORNIA	WATER RESOURCE	S CONTROL BOARD	DELIVER CHECK TO: (CHECK ONE)
				XX REQUESTOR PAYEE
				· [] .(NAME) R. Slatterbeck
				XX CALLEXT. 345 FOR PICKUP
				NEEDED BY (DATE) ASAP
EXPLA	NATION (ON F	REMITTANCE ADVIC	Έ)	
		•		•
Hazardo	us Substan	ce Storage State	ement Modificat	ion
			•	,
		•	•	
•				·
		•		
				•
REMARI	S (NOT ON R	EMITTANCE ADVICE	<u> </u>	· · · · · · · · · · · · · · · · · · ·
				•
Fee for	r registrat	tion of two addi	itional tanks.	
				•
				\mathcal{O}
				/ // . //
		···		· JKW
		DISTRIBUTION		1 XXatur
DEPT.	ACCOUNT	JOB NUMBER	AMOUNT	REQUESTED BY R. Statter beck
0001	05150			APPROVED BY Miller Res
9821	95150			ALL HOVED BILL
				APPROVED BY
				AUDIT BY
	l f	1		

□ ∞ Alkyd Lining □ ∞ Epoxy Lining □ ∞ Phenolic Lining

□ ∞ Cathodic Protection

☐ ∞ Other: _

nning

E. Do: Rubber Lined

□ Mullimown

☐ ∞ Glass Lining

IO ∞ None

□ બ Unknown

☐ ∞ Clay Lining

Other: _

VI Piping A. Associated Piping: □ o Above Ground D 02 Underground □ ∞ Vaulted NONE B. Underground Piping: ☐ or Gravity ☐ oz Pressure ☐ os Suction □ o₄ Unknown NONE C. Piping Repairs: □ o₁ None □ o₂ Unknown ☐ ∞ Yes, Year of most recent repair: VII Leak Detection O os Tile Drain □ o₁ Visual □ ∞ Stock Inventory □ બ Vapor Snilf Wells ☐ 65 Sensor Instrument ☐ ∞ Ground Water Monitoring Wells O or Pressure Test □ ∞ None □ 10 Other: VIII Chemical Composition of Materials Currently or Previously Stored in Underground Containers If you checked yes to IV-H you are not required to complete this section. currently previously Chemical Do Not Use Commercial Name (Use additional paper for more room stored stored CAS # (II known) χ⊃οι Cy∞ Low concentrations (0-1500 PPM Max) of chromic, □ 01 □ 02 muriatic and hydrochloric acids in water □ 01 reservoir of fume scrubber. □ 01 □ 02 □ ∞ □ 01 □ 02 O 01 □ 02 00 □ 02 η Α.Δ. O 01 □ 02 0 01 O 02 □ 01 □ 01 O 01 . 🕅 02 No Is Container located on an Agricultural Farm?

o Yes IX IMPORTANT! Read instructions before signing: ** Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located. 2) a general partner proprietor, or 3) a principal executive officer, ranking elected official or authorized representative of a public agency. This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct. Date Signature Phone w/area code Puoled Name

G.W. Brucker

Vice-President &

General-Manager

(818) 765-1010

	MOUON LOCAL PERMITS	ARE IN FUHUE.
I Owner		107
Naine (Corporation Individual or Public Agency)		
Sircet Address Cay		State ZIP
II Facility		
Facility Name Dealer / For	eman/Supervisor	
Street Address	Nearest C	ross Sirect
Cay	County	ZIP
Mailing Address Cay		State ZIP
Phone w/area code Type of Business D or Motor Vehicle Fuel Station	□ ∞ Other:	····
Number of Tanks at this Facility Rural Areas Township Range Only:	Section .	
III 24 Hour Emergency Contact Person المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة ا	estat America	(See Strict english of the See
	st) and Phone w/area code	
	·	
COMPLETE THE FOLLOWING ON A SEPARATE FORM	FOR EACH CONTA	AINER
IV Description	• . : : ;	
A. □ oı Tank	Container Number	or (# there is no number assign one)
B. Manufacturer (if appropriate): N.A. Year of Mfg.: N.A.	C. Year Installed:1	945 Unknown
D. Container Capacity: 500 gallons Unknown E. Container Repairs: 100 No	ne □∞ Unknown □∞	yes 'Year:
F. Is Container currently used?		🗆 🛭 🕫 Unknown
G. Does the Container Store (Check One): ∑∑o Waste □ ∞ Product	er urter vær	
H. Does the Container Store Motor Vehicle Fuel or Waste Oil? ☐ oi Yes ☒ oz No	If Yes, Check appropria	te box(es):
☐ or Unleaded ☐ ∞ Regular ☐ ∞ Premium ☐ ⊶ Diesel ☐ ∞ Waste Oil ☐ ∞ Oi	her (List):	· · ·
V Container Construction		
A. Thickness of Primary Containment: 4 Gauge 1 Inches C cm	Inknown	
B. ☐ o₁ Vaulted (Located in an underground Vault.) . ፟ ⊠ ∞ Non-vaulted ☐ o₃ Unkn	own	1. 19 1.
C. ☐ on Double Walled ☐ on Lined ☐ on Wrapped ☐ on	Unknown □ ∞ None	
D. ☐ or Carbon Steel ☐ or Stainless Steel ☐ or Fiberglass ☐ or Polyvinyl Chlo	oride 🗘 🕉 Concrete	□ Aluminum
☐ or Steel Clad ☐ ∞ Bronze ☐ ∞ Composite ☐ 10 Non-metallic ☐ 11	Earthen Walls	
🗆 12 Unknown 🗆 13 Olher:		
E. □ o Rubber Lined □ ∞ Alkyd Lining □ □ 5 Epoxy Lining □ ω Phenolic Lini	ng 🗆 os Glass Lining	□ ∞ Clay Lining
ட்ல் Unlined 🗆 ∞ Unknown 🗆 ∞ Other:		
F. □ o Polyethlene Wrap □ ∞ Vinyl Wrapping □ os Calhodic Protection □ o	Unknown \$3 5 None	□ ∞ Other:

VI Piping A. Associated Piping □ or Above Ground □ oz Underground □ ∞ Vaulted NONE B. Underground Piping On Gravity ☐ o₂ Pressure ☐ os Suction O4 Unknown NONE C. Piping Repairs: □ o₁ None □ o₂ Unknown ☐ ∞ Yes, Year of most recent repair: _ VII Leak Detection On Visual □ ∞ Stock Inventory Os Tile Drain □ 64 Vapor Sniff Wells □ os Sensor Instrument ☐ ∞ Ground Water Monitoring Wells or Pressure Test ☐ ∞ None □ 10 Other: . VIII Chemical Composition of Materials Currently or Previously Stored in Underground Containers
If you checked yes to IV-H you are not required to complete this section. currently slored previously stored Chemical Do Not Use Commercial Name (Use additional paper for more room, CAS # (II known) χD οι Cy∞ Low concentrations (0-1500 PPM Max) of chromic, D 01 muriatic and hydrochloric acids in water □ 01 □ 02 reservoir of fume scrubber. 01 □ 02 □ 01 □ 02 O 02 □ 02 O 01 □ 02 02 01 □ ∞ O 01 Is Container located on an Agricultural Farm? Do Yes . 1002 No IX IMPORTANT! Read instructions before signing: " Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located. 2) a general partner proprietor, or 3) a principal executive officer. ranking elected official or authorized representative of a public agency. This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct. Date Signature Printed Name 1X- Hollig.W. Brucker Vice-President &

All of Solgethiene Marger 111 Aug. Daving w

General-Manager

(818) 765-1010

CHASE	MANHATTA!	N BANK,	N.A.
S'	YRACUSE, NEV	N YORK `	



Electrodynamics Division

No. 020468

Vendor No.

August 27, 1984

Pay This Amount

17275

130 Pay Exactly

00 **Dollars And**

Cents

\$130.00*

To

Of

The Order California Water Resources

Control Board

The Bendix Corporation

#020468# #021309379# 601#2#91438#

THE BENDIX CORPORA Remittance Advice	TION - ELEC	TRODYNAMICS DIVIS	ION			Dates	h Before Cashing
Voucher No.	Invoice No.	Gross Amount	Discount Amt.	Voucher No.	Invoice No.	Gross Amount	Discount Amount
8-2101		\$130.00*					
Hazardous Si	upstance	Storage Stat	ement				
	{						
					}		
	}		'				
		1					
	1	i L	Ì				
		<u> </u>	<u> </u>				
Total Gross Amount	\$130.		al Discount Amount		ال. ا	ot Amount .	\$130.00*
0132-231 REV. 1/83	: .:		and addition	palytatija ir ila	ésaktinaghi	July and a sugar	

NOTE: ALL UNDERGROUND CONTAINERS MUST REGISTER EV	EN IF STATE AND/OR LOCAL F	PERMITS ARE IN FORCE.					
I Owner							
Name (Corporation Individual or Public Agency) SEE BELOW							
Shert Address	Cay	State ZIP					
TT 01111.							
II Facility Facility Name	Dealer / Foreman / Supervisor						
Bendix - Electrodynamics Division Street Address	Ron Slatterbe	Ck Nearest Cross Street					
11600 Sherman Way		Lankershim					
N. Hollywood	County	Angeles 21605-5887					
11600 Sherman Way	N. Hollywood	1 1 •					
Phone w/area code Type of Business	le Fuel Station XX Other:						
	Range	Section					
III 24 Hour Emergency Contact Person		_ 					
Days Name (last name lwst) and Phone w/area code Nights	Name (last name lirst) and Phone w area or						
Slatterbeck, Ron (818) 765-1010	Slatterbeck, Ron	` '					
COMPLETE THE FOLLOWING ON A SEPAR	HATE FORM FOR EACH	CONTAINER					
IV Description	·						
A. √ o₁ Tank	Contai	ner Number (If there is no number assign one)					
B. Manufacturer (if appropriate): _UNK Year of Mlg: _194	C. Year Installed:	<u>1942</u> □ Unknown					
D. Container Capacity: 450 gallons Unknown E. Container Re	epairs: [Xo None 0 02 Unknow	wn 🗆 🚥 Yes Year:					
F. Is Container currently used? ∰X₁ Yes □ ∞2 No If No, year of last L	use:	🗆 03 Unknown					
G. Does the Container Store (Check One): 🗆 🗈 Waste 💆 🕫 Product							
H. Does the Container Store Motor Vehicle Fuel or Waste Oil? Doi Yes	S 🔯 02 No If Yes, Check a	ppropriate box(es):					
□ or Unleaded □ oz Regular □ oz Premium □ o₄ Diesel □ os Waste Oil □ os Other (List):							
V Container Construction							
A. Thickness of Primary Containment:	□ cm						
B. □ or Vaulted (Located in an underground Vault.) Ø o₂ Non-vaulted	□ o₃ Unknown						
C. ☐ on Double Walled ☐ on Lined ☐ on Wra	pped 🗆 os Unknown 🗆	∞ None					
D. 🗘 oı Carbon Steel □ ∞ Stainless Steel □ 03 Fiberglass □ 04	Polyvinyl Chloride	ncrete					
□ or Steel Clad □ ∞ Bronze □ ∞ Composite □ 10 Non-meta	allic 🛛 u Earthen Walls						
🗆 12 Unknown 🗆 13 Other:							
E. □ o₁ Rubber Lined □ ∞ Alkyd Lining □ ο₃ Epoxy Lining □ ο₄	Phenolic Lining Dos Glass	Lining □ ∞ Clay Lining					
☐ or Unlined Ø or Unknown ☐ or Other:							
F. □ or Polyethlene Wrap □ or Vinyl Wrapping □ or Cathodic Prote	ection 🖾 🕬 Unknown 🖂	m None □ □ Olher:					

VI Piping A. Associated Piping: D(n Above Ground D w Underground ☐ ø₃ Vaulted □ o₄ Unknown B. Underground Piping: On Gravity ☐ oz Pressure C. Piping Repairs: □ None □ o₂ Unknown ☐ ∞ Yes, Year of most recent repair: _ VII Leak Detection On Visual □ Stock Inventory Dos Tile Drain ☐ or Vapor Snill Wells . ☐ or Sensor Instrument O or Pressure Test □ ∞ Ground Water Monitoring Wells □ continue Inspection □ ∞ None Die Olher: _ VIII Chemical Composition of Materials Currently or Previously Stored in Underground Containers If you checked yes to IV-H you are not required to complete this section. currently sloted previously slored Chemical Do Not Use Commercial Name (Use additional paper for more room) CAS # (If known) ΟŽοι [X] 02 HYDROCARBON BLEND 10-16 (oı O 02 □ 02 D 01 01 □ 02 [] or D 02 01 O 02 D 01 D 02 D 01 Da O 01 D 02 00 Is Container located on an Agricultural Farm? Doi Yes Ď oz No IX IMPORTANT! Read instructions before signing: Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located 2) a general partner proprietor, or 3) a principal executive officer, ranking elected official or authorized representative of a public agency. This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct. Signature Date Printed Name Phone w/area code

Ciatament Ciata Mater Recourage Control Board P.O. Roy 100 Sacramento, CA 95801-0100

G.W. Brucker

Vice-President&

General Manager

(818) 765-1010

Days Name (last name lirst) and Phone w/area code	Nights Name (last name	Irsti and Phone w	/area code	
COMPLETE THE FOLLOWING ON A	SEPARATE FOR	M FOR EA	CH CONTA	AINER
IV Description				
A. 🗘 o₁ Tank 🗘 o₂ Sump 🗆 o₃ Lagoon, Pit or Pond 🗀 o₄ Other:			-	r (III There is no number lassign one 3
B. Manufacturer (if appropriate):	1941	C. Year Inst	alled:19	42 🔲 🗆 Unknown
D. Container Capacity: 450 gallons C Unknown E. Conta	iner Repairs: 🏋 🛚 N	lone □ o₂ U	nknown 🗆 🛭 😊	Yes Year:
F. Is Container currently used? Ø o Yes □ ∞ No If No, year	of last use:	-		□ ₀₃ Unknown
G. Does the Container Store (Check One): □ or Waste □ or Pro	oduct			
H. Does the Container Store Motor Vehicle Fuel or Waste Oil?]oıYes Qio₂No	If Yes, Che	eck appropriat	e box(es):
☐ or Unleaded ☐ or Regular ☐ or Premium ☐ or Diesel ☐	s Waste Oil ☐ ∞ C	Other (List): _		
V Container Construction			· · · · · · · · · · · · · · · · · · ·	
A. Thickness of Primary Containment: Gauge	Inches □ cm □	Unknown		
B. □ or Vaulted (Located in an underground Vault.) □ □ Vaulted (Located in an underground Vault.)	aulted 🗆 🐽 Unk	nown		
C. □ o Double Walled □ ∞ Lined □	o Wrapped □	s Unknown	□ ∞ None	
D. 🖄 o Carbon Steel 🗆 oz Stainless Steel 🗀 oz Fiberglass	□ or Polyvinyl Ch	loride 🗆 a	s Concrete	□´∞ Aluminum
☐ or Steel Clad ☐ ∞ Bronze ☐ ∞ Composite ☐ 10 No	n-metallic 🔲 ı	Earthen Wa	alls	
🗆 12 Unknown 🗆 13 Other:			······································	· · · · · · · · · · · · · · · · · · ·
E. □ on Rubber Lined □ ∞ Alkyd Lining □ on Epoxy Lining	☐ or Phenolic Lin	ing 🗆 🛭 os (Glass Lining	□∞ Clay Lining
□ o Unlined 🖾 o Unknown 🗆 o Other:				
	c Protection \\ \textsize \textsize \textsize \textsize \textsize \textsize \textsize \textsize \textsize \textsize \textsize \qquad \qquad \qq	Unknown	☐ ∞ None	□ m Other:

Ø ⊶ Unknown

F □ nr Polyethlene Wrap

VI Piping
A. Associated Piping: ப்ப Above Ground பிரு Underground பிற Vaulted
B. Underground Piping: பிள Gravity பிரு Pressure ஜின் Suction பின் Unknown
C. Piping Repairs: □ ○ None □ □ Unknown □ □ Yes. Year of most recent repair:
VII Leak Detection
☐ or Visual 💆 or Stock Inventory ☐ or Tile Drain ☐ or Vapor Sniff Wells ☐ or Sensor Instrument
□∞ Ground Water Monitoring Wells □ or Pressure Test □∞ Internal Inspection □ or None
□ 10 Other:
VIII Chemical Composition of Materials Currently or Previously Stored in Underground Containers If you checked yes to IV-H you are not required to complete this section.
currently previously Chemical Do Not Use Commercial Name. (Use additional paper for more room) stored stored CAS # (If known)
风° 风° 008052413 NAPTHENIC, PARAFFINIC HYDROCARBON
□o₁ □∞
□o· □œ
001 002
□o1 □∞
_oı
Oo
O1 O2
□o₁ □∞
□ oı □ oz
□o₁ □∞
Is Container located on an Agricultural Farm? □ or Yes 💢 🕫 No
IX IMPORTANT! Read instructions before signing:
Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located. 2) a general partner proprietor, or 3) a principal executive officer, ranking elected official or authorized representative of a public agency. This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct.
Signature
G.W. BRUCKER G.W. BRUCKER General Manager G.W. BRUCKER General Manager (818) 765-1010

_		
Days Name (last name first) and Phone w/area code	Nights: Name (last name list) and Phone v	w/area code
COMPLETE THE FOLLOWING ON A SE	PARATE FORM FOR EA	ACH CONTAINER
IV Description		
A. Ogoi Tank □ oz Sump □ oz Lagoon, Pit or Pond □ o₄ Other:		Container Number (If there is no number assign one)
B. Manufacturer (if appropriate):		lalled:1942 Unknown
D. Container Capacity: 450 gallons Unknown E. Containe	er Repairs: Ço None □∞ L	Jnknown □ ∞ Yes Year:
F. Is Container currently used? □¾ Yes □ ∞ No If No, year of Is	ast use:	□ ∞ Unknown
G. Does the Container Store (Check One): □ 01 Waste ∰½ Produ	ict ·	
H. Does the Container Store Motor Vehicle Fuel or Waste Oil?	Yes □ ∞ No II Yes, Ch	eck appropriate box(es):
☐ or Unleaded ∑ ∞ Regular ☐ ∞ Premium ☐ ∞ Diesel ☐ ∞ V	Vaste Oil □ ∞ Other (List):	
V Container Construction		
A. Thickness of Primary Containment: Gauge Inc	thes 🗆 cm 💢 Unknown	·
B. □ or Vaulted (Located in an underground Vault.) □ ∞ Non-vault	lted □ ∞ Unknown	
C. ☐ on Double Walled ☐ on Lined	Wrapped □ ∞ Unknown	□ ∞ None
D. Do Carbon Steel □ ∞ Stainless Steel □ ∞ Fiberglass I	□ or Polyvinyl Chloride □	os Concrete □ os Aluminum
☐ or Steel Clad ☐ 000 Bronze ☐ 00 Composite ☐ 10 Non-1	metallic 🔲 u Earthen W	alls
🗆 12 Unknown 🗆 13 Other:		
E. □ or Rubber Lined □ ∞ Alkyd Lining □ or Epoxy Lining	☐ 64 Phenolic Lining ☐ 65	Glass Lining □ ∞ Clay Lining
🗖 🕫 Unlined 🔲 🦝 Unknown 🗀 📾 Öther:		

☐ m Cathodic Protection

□X⊶ Unknown

□ ~ Other: .

☐ ns None

□ ∞ Vinyl Wrapping

F [] ni Polyelhlene Wrap

Days Name (last name livst) and Phone w/area code	Nights. Name (last name hist) and Phone v	w/area code
COMPLETE THE FOLLOWING ON A SE	PARATE FORM FOR EA	ACH CONTAINER
IV Description		
A. KNo Tank □ ∞ Sump □ ∞ Lagoon, Pit or Pond □ ⊶ Other		Container Humber (# there is no number assign one)
B. Manufacturer (if appropriate): UNK Year of Mfg.:	1941 C. Year Ins	stalled: 1942 Unknown
D. Container Capacity:450 gallons D Unknown E. Containe	er Repairs: ⊠o None □∞ U	Jnknown □∞ Yes Year:
F. Is Container currently used? □ Yes □ No II No, year of la	ast use:	□ oo Unknown
G. Does the Container Store (Check One): □ 01 Waste □X02 Produ	ict .	
H. Does the Container Store Motor Vehicle Fuel or Waste Oil? 💢 01	Yes □ ∞ No If Yes, Ch	eck appropriate box(es):
☐ Unleaded □ ∞ Regular □ ∞ Premium □ ∞ Diesel □ ∞ V	Waste Oil □ ∞ Other (List): _	
V Container Construction		
A. Thickness of Primary Containment: Gauge Inc	:hes □ cm 및 Unknown	•
B. □ or Vaulted (Located in an underground Vault.) □ □ Non-vaul	lted 🗆 🛭 unknown	
C. 🗆 01 Double Walled 🗆 🖂 Single Walled 🗆 03 Lined 🗆 04	Wrapped □ ∞ Unknown	□ ∞ None
D. ⊠ or Carbon Steel □ ∞ Stainless Steel □ ∞ Fiberglass □	□ or Polyvinyl Chloride □	∞ Concrete □ ∞ Aluminum
☐ or Steel Clad ☐ ∞ Bronze ☐ ∞ Composite ☐ ∞ Non-n	metallic 🔲 u Earthen W	alls
🗆 12 Unknown 🗆 13 Olher:		
E. □ on Rubber Lined □ ∞ Alkyd Lining □ ∞ Epoxy Lining □	☐ o4 Phenolic Lining ☐ os	Glass Lining □ ∞ Clay Lining
☐ or Unlined	·····	

☐ m Cathodic Protection

IX № Unknown

☐ os None

□ m Other:

☐ ∞ Vinyl Wrapping

F Dei Polyethlene Wrap

VI Piping A. Associated Piping: (X) a Above Ground □ ∞ Vaulted B. Underground Piping: Oo Gravity □ ∞ Pressure Cyos Suction □ o Unknown CX on None C. Piping Repairs: □ o Unknown ☐ ∞ Yes, Year of most recent repair: . VII Leak Detection O oo Tile Drain Oo Visual □ o Vapor Snill Welts □ o Sensor Instrument ☐ os Ground Water Monitoring Wells ☐ or Pressure Test □ ∞ Internal Inspection D m None D to Other: _ VIII Chemical Composition of Materials Currently or Previously Stored in Underground Containers If you checked yes to IV-H you are not required to complete this section. Chemical Do Not Use Commercial Name (Use additional paper for more room) currently previously slored slored CAS # (If known) O 01 D 01 □ 02 □ 02 O 01 □ 02 □ ∞ D 01 □ ∞ 00 D 02 D or □ ∞ Do **0**01 . .: Is Container located on an Agricultural Farm? Doi Yes □Kw No IX IMPORTANTI Read instructions before signing: Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located 2) a general partner proprietor, or 3) a principal executive officer, ranking elected official or authorized representative of a public agency. This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct. Signature Dale Vice-President & General Manager Phone w/area code

Storage Statement, State Water Resources Control Board, P.O. Box 100, Sacramento, CA 95801-0100

(818) 765-1010

G. W. Brucker

	Nights Name (last name list) and Phone w/area code
COMPLETE THE FOLLOWING ON A	SEPARATE FORM FOR EACH CONTAINER
IV Description	·
A. □Xor Tank □ ∞ Sump □ ∞ Lagoon, Pit or Pond □ ∞ Other	Container Number (# there is no number assign on
B. Manufacturer (if appropriate): <u>Unknown</u> Year of Mig.	:1965 C. Year Installed:1965 D Unknown
D. Container Capacity: 3,000 gallons Unknown E. Cont	tainer Repairs: Ø o None □ ∞ Unknown □ ∞ Yes Year:
F. Is Container currently used?	of last use: □ □ ∞ Unknow
G. Does the Container Store (Check One): 00 Waste 000 P	roduct
H. Does the Container Store Motor Vehicle Fuel or Waste Oil?	☐ or Yes ☐ or No II Yes, Check appropriate box(es):
□ o Unleaded □ ∞ Regular □ ∞ Premium □ ∞ Diesel □	3 % Waste Oil □ ∞ Other (List):
V Container Construction	
A. Thickness of Primary Containment:25	Inches D cm D Unknown
A. Thickness of Primary Containment:25 □ Gauge □ B. □ Roy Vaulted (Located in an underground Vault.) □ ∞ Non-	<u> </u>
B. ☐ Vaulted (Located in an underground Vault.) ☐ ∞ Non-	<u> </u>
B. ☐ Vaulted (Located in an underground Vault.) ☐ ∞ Non-	-vaulted □ ∞ Unknown □ ∞ Wrapped □ ∞ Unknown □ ∞ None
B. ☐ Vaulled (Located in an underground Vault.) ☐ ∞ Non-C ☐ o Double Walled ☐ ∞ Single Walled ☐ ∞ Lined ☐ D. ☐ Carbon Steel ☐ ∞ Stainless Steel ☐ ∞ Fiberglass	-vaulted □ ∞ Unknown □ ∞ Wrapped □ ∞ Unknown □ ∞ None
B. ☐ Vaulled (Located in an underground Vault.) ☐ ∞ Non-C. ☐ o Double Walled ☐ ∞ Lined ☐ D. ☐ Carbon Steel ☐ ∞ Stainless Steel ☐ ∞ Fiberglass	-vaulted ☐ 55 Unknown ☐ 64 Wrapped ☐ 65 Unknown ☐ 66 None ☐ 64 Polyvinyl Chloride ☐ 65 Concrete ☐ 66 Aluminum

∏ ∞ None

VI Piping □ oz Underground A. Associated Piping: Din Above Ground Dos Vaulted or Gravity ☐ oz Pressure □ ∞ Suction □ ω Unknown B. Underground Piping: 1981 C. Piping Repairs: Ooi None □ o₂ Unknown 20 or Yes, Year of most recent repair: _ VII Leak Detection Ø o₁ Visual □

 Stock Inventory Dos Tile Drain ☐ or Vapor Sniff Wells □ os Sensor Instrument ☐ ∞ Ground Water Monitoring Wells O or Pressure Test ☐ ∞ Internal Inspection ☐ ∞ None O to Other: _ VIII Chemical Composition of Materials Currently or Previously Stored in Underground Containers If you checked yes to IV-H you are not required to complete this section. Chemical Do Not Use Commercial Name (Use additional paper for more room) previously stored CAS # (If known) □ 01 □∞ **D** 01 □ 02 0 01 □ 02 □ ∞ D 01 Ø No IX IMPORTANTI Read instructions before signing: Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located. 2) a general partner proprietor, or 3) a principal executive officer, ranking elected official or authorized representative of a public agency This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct. Signature Date Vice-President & General Manager Phone w/area code Printed Name G.E. Brucker (818) 765-1010

Days: Name (last name first) and Phone w/area code	Nights Name (last name first) ar	d Phone w/area code
COMPLETE THE FOLLOWING ON A S	EPARATE FORM FO	DR EACH CONTAINER
IV Description		
A. □XX Tank □ ∞ Sump □ ∞ Lagoon, Pit or Pond □ ∞ Other;		Container Number (If there is no number assign one
B. Manufacturer (if appropriate): Unknown Year of Mfg.: _	1957 c. y	ear Installed: 1957 Unknown
D. Container Capacity: 1015 gallons 🗆 Unknown E. Contain	RELOCATED ner Repairs: Doi None	□ c Unknown □ co Yes Year: 1969
F. Is Container currently used? Žioi Yes □∞ No If No, year of	last use:	🗆 💿 Unknown
G. Does the Container Store (Check One): Waste 0 02 Prod	fuct	• .
H. Does the Container Store Motor Vehicle Fuel or Waste Oil?	oı Yes □o₂ No Ⅱ Y	es, Check appropriate box(es):
□ or Unleaded □ or Regular □ or Premium □ or Diesel □ or	Waste Oil ☐	(List): HYDRAULIC OIL&WATER
V Container Construction		
A. Thickness of Primary Containment:25 Gauge King	nches 🗆 cm 🗀 Unkn	own .
B. □ or Vaulted (Located in an underground Vault.)	ulted 🗆 🗈 Unknown	
	ulted 🗆 🖘 Unknown >4 Wrapped 🗆 🕾 Unk	nown □∞ None
	· · · · · · · · · · · · · · · · · · ·	
C. ☐ on Double Walled ☐ ∞ Single Walled ☐ ∞ Lined ☐ on Lined ☐ ∞ D. ☑ on Carbon Steel ☐ ∞ Stainless Steel ☐ ∞ Fiberglass	y Wrapped ☐ ∞ Unk	☐ ∞ Concrete ☐ ∞ Aluminum
C. ☐ on Double Walled ☐ ∞ Single Walled ☐ ∞ Lined ☐ on Lined ☐ ∞ D. ☑ on Carbon Steel ☐ ∞ Stainless Steel ☐ ∞ Fiberglass	Wrapped □ ∞ Unk	☐ ∞ Concrete ☐ ∞ Aluminum
C. ☐ on Double Walled ☐ ∞ Single Walled ☐ ∞ Lined ☐ on	Wrapped □ ∞ Unk	☐ ∞ Concrete ☐ ∞ Aluminum

VI Piping
A. Associated Piping: ☐ or Above Ground 反∞ Underground ☐ or Vaulted
B. Underground Piping: Ø o Gravity □ ∞ Pressure □ ∞ Suction □ ∞ Unknown
C. Piping Repairs:
VII Leak Detection
☐ or Visual ☐ ∞ Stock Inventory ☐ ∞ Tile Drain ☐ ∞ Vapor Snift Wells ☐ ∞ Sensor Instrument
Olher:
VIII Chemical Composition of Materials Currently or Previously Stored in Underground Containers If you checked yes to IV-H you are not required to complete this section.
currently previously Chemical Do Not Use Commercial Name (Use additional paper for more room) stored stored CAS it (if known)
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□01 □∞
□0: □∞
□oı □∞
00 00 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
□o₁ □∞ .
Is Container located on an Agricultural Farm? 🗆 01 Yes 🗆 💢 🗷 No
IX IMPORTANT! Read instructions before signing:
Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located 2) a general partner proprietor, or 3) a principal executive officer, ranking elected official or authorized representative of a public agency. This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct.
S-gnature Date
G. W. Brucker Vice-President & General Manager General Manager Phone w/area code (818) 765-1010

Days Name (last name lirst) and Phone w/area code		Nights: Name (last name	lirsi) and Phone w	farea code	
COMPLETE THE FO	LOWING ON A SE	DADATE EODI	I FOR SA	CH CONTA	INER
	LLOWING ON A SE	FARAIL FOR	W PON EX	OII CONTA	(11 4 E11
IV Description	· · · · · · · · · · · · · · · · · · ·	 		Cantalana Humbaa	(If there is no number assign on
A. ☐Xoı Tank ☐ ∞ Sump ☐ ∞ Lagoon, Pit	or Pond 🛛 🛭 Other:			Container Humber	11
B. Manufacturer (if appropriate): N.A.	Year of Mig.:	N.A.	C. Year Inst	alled:195	54 🗆 Unknown
D. Container Capacity: 1,500gallons C	3 Unknown E. Containe	er Repairs: 火火 o N	one □∝U	nknown □∞	Yes Year:
F. Is Container currently used? Do Yes	□ ∞ No II No, year of la	ast use:			🗆 øз Unknow
O. O. W. O. H. Charles (Observed October				 ,	
G. Does the Container Store (Check One):	Digoi Waste □ ∞ Produ	ıct	•	•	
H. Does the Container Store (Check One):			If Yes, Che	eck appropriate	e box(es):
	Fuel or Waste Oil? (2) or	Yes □∞ No			
H. Does the Container Store Motor Vehicle	Fuel or Waste Oil? (2) or	Yes □∞ No			
H. Does the Container Store Motor Vehicle ☐ or Unleaded ☐ or Regular ☐ or Pren	Fuel or Waste Oil?	ı Yes □ ∞ No Waste Oil □ ∞ C	Other (List):		
H. Does the Container Store Motor Vehicle ☐ on Unleaded ☐ ∞ Regular ☐ on Pren V Container Construction	Fuel or Waste Oil? Øo nium □ o Diesel Ø o V 4 □ Gauge □χ(nc	Yes □∞ No Waste Oil □∞ C	other (List):		
H. Does the Container Store Motor Vehicle □ o Unleaded □ ∞ Regular □ ∞ Pren V Container Construction A. Thickness of Primary Containment:	Fuel or Waste Oil? 口on Nium 口 on Diesel 口 ox V 4 口 Gauge 口(nc Vault.) 如於 Non-vaul	Yes □∞ No Waste Oil □∞ C Ches □ cm □ t	other (List):		
H. Does the Container Store Motor Vehicle □ on Unleaded □ ∞ Regular □ on Prem V Container Construction A. Thickness of Primary Containment: B. □ on Vaulted (Located in an underground	Fuel or Waste Oil? 口on Diesel 贝 & V 4 □ Gauge □χinc Vault.) □ Vault.) □ Vault.) □ Diesel □ Vault.) □ Diesel □ Oil Oil Oil Oil Oil Oil Oil Oi	Yes □∞ No Waste Oil □∞ C Ches □ cm □ t	Unknown		
H. Does the Container Store Motor Vehicle □ on Unleaded □ ∞ Regular □ on Prem V Container Construction A. Thickness of Primary Containment: B. □ on Vaulted (Located in an underground) C. □ on Double Walled □ ∞ Single Walle D. □ on Carbon Steel □ ∞ Stainless Steel	Fuel or Waste Oil? 口on Diesel 贝 & V 4 □ Gauge □χinc Vault.) □ Vault.) □ Vault.) □ Diesel □ Vault.) □ Diesel □ Oil Oil Oil Oil Oil Oil Oil Oi	Yes □∞ No Waste Oil □∞ C thes □ cm □ I Itled □□□ Unkr Wrapped □ □□□ Polyvinyl Chl	Unknown	□ ∞ None s Concrete	
H. Does the Container Store Motor Vehicle □ or Unleaded □ ∞ Regular □ or Prem V Container Construction A. Thickness of Primary Containment: B. □ or Vaulted (Located in an underground C. □ or Double Walted □ ∞ Single Walted D. □ or Carbon Steel □ ∞ Stainless Steel □ or Steel Clad □ ∞ Bronze □ ∞ or	Fuel or Waste Oil? (2) on Nium	Yes □ ∞ No Waste Oil □ ∞ C Ches □ cm □ l Itled □ □ □ Unkr Wrapped □ ∞ □ □ Polyvinyl Chl metallic □ □	Unknown Oride Qo Earthen Wa	□ ∞ None s Concrete	
H. Does the Container Store Motor Vehicle □ or Unleaded □ ∞ Regular □ or Pren V Container Construction A. Thickness of Primary Containment: □ or Vaulted (Located in an underground) C. □ or Double Walled □ ∞ Single Walle □ □ Carbon Steel □ ∞ Stainless Steel □ or Steel Clad □ ∞ Bronze □ ∞ € □ or Steel Clad □ ∞ Bronze □ ∞ €	Fuel or Waste Oil? (2) on Non-residence Oil? (2) on Vault.) (2) Non-vault.) (3) Fiberglass (2) Omposite (3) to Non-residence (4) on Non-residence (5) on Non-residence (5) on Non-residence (6) on Non	Yes □ ∞ No Waste Oil □ ∞ C Ches □ cm □ l Itled □ □ □ Unkr Wrapped □ ∞ □ □ Polyvinyl Chl metallic □ □	Unknown Outhor (List): Unknown Outhown Oride Carthen Wa	□ ∞ None s Concrete	

None کرے ا

VI PlpIng
A. Associated Piping: ☐ or Above Ground ☐ or Vaulted
B. Underground Piping: □\(\psi\)X Gravity □ ∞2 Pressure □ ∞3 Suction □ ∞4 Unknown
C. Piping Repairs: None □ ∞ Unknown □ ∞ Yes, Year of most recent repair:
VII Leak Delection
☐ or Visual ☐ or Stock Inventory ☐ or Tile Drain ☐ or Vapor Snift Wells ☐ or Sensor Instrument
KX‰ Ground Water Monitoring Wells □ or Pressure Test □ ∞ Internal Inspection □ ∞ None
□ • Other:
VIII Chemical Composition of Materials Currently or Previously Stored in Underground Containers If you checked yes to IV-H you are not required to complete this section.
currently previously Chemical Do Not Use Commercial Name (Use additional paper for more room) stored stored CAS # (If known)
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On O @
□ 01 □ 02
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□01 □∞ .
Is Container located on an Agricultural Farm?
IX IMPORTANTI Read instructions before signing:
Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located 2) a general partner proprietor, or 3) a principal executive officer, ranking elected official or authorized representative of a public agency. This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct.
Signature
G.W. Brucker G.W. Brucker General Manager G.W. Brucker General Manager G.W. Brucker General Manager G.W. Brucker

Days: Name (last name first) and Phone w/area code	Nights Name (last name first) and Phone w/area code
COMPLETE THE FOLLOWING ON A	SEPARATE FORM FOR EACH CONTAINER
IV Description	
A. 🗆 on Tank KMo2 Sump 🗆 on Lagoon, Pit or Pond 🗆 🖦 Othe	Container Number (# Incic is no number assign or
B. Manufacturer (if appropriate): _N_A Year of Mig	C. Year Installed: 1941 Unknown
D. Container Capacity: _3.000gallons	ntainer Repairs: □ None □ ∞ Unknown □ ∞ Yes Year:
F. Is Container currently used? ⊠o Yes □∞ No II No, yea	r of last use: as Unknow
G. Does the Container Store (Check One): 🛱 or Waste 🗆 🐯	Product .
H. Does the Container Store Motor Vehicle Fuel or Waste Oil?	
: □ o Unleaded □ ∞ Regular □ ∞ Premium □ ∞ Diesel (□X/s Waste Oil □ ∞ Other (List):
V Container Construction	
A. Thickness of Primary Containment:4 Gauge 1	inches □ cm □ Unknown
B. ☐ 61 Vaulted (Located in an underground Vault.) □ ∞ Nor	ı-vaulted □∞ Unknown
C. □ o Double Walled □ o Lined	□ ω Wrapped □ ∞ Unknown □ ∞ None
D. □ o Carbon Steel □ o Fiberglass	☐ or Polyvinyl Chloride ☐ os Concrete ☐ os Aluminum
☐ or Steel Clad ☐ ∞ Bronze ☐ ∞ Composite ☐ to t	Non-metallic 🚨 ıı Earthen Walls
🗆 12 Unknown 🗆 13 Other:	
E. 🗆 u Rubber Lined 🗆 oz Alkyd Lining 🗆 oz Epoxy Lining	g □ a Phenolic Lining □ os Glass Lining □ os Clay Lining
図yo Unlined 口 unknown 口 o Other:	

A Associated Piping □ or Above Ground □ or Underground □ or Vaulted NONE
B. Underground Piping: ☐ or Gravity ☐ or Pressure ☐ or Suction ☐ or Unknown NONE
C. Piping Repairs: □ ○ None □ ○ Unknown □ ○ Yes, Year of most recent repair:
VII Leak Detection
☐ or Visual ☐ or Stock Inventory ☐ or Tile Drain ☐ or Vapor Sniff Wells ☐ or Sensor Instrument
XX
□ 10 Olher:
VIII Chemical Composition of Materials Currently or Previously Stored in Underground Containers If you checked yes to IV-H you are not required to complete this section.
currently previously Chemical Do Not Use Commercial Name (Use additional paper for more room) stored stored CAS # (If known)
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On O2
□ 01 □ 02
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□ο· □α
O1 O2
O1 O2
O1
□ 01 □ 02 .
Is Container located on an Agricultural Farm? ☐ or Yes ☐ No
IX IMPORTANT! Read instructions before signing:
Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located. 2) a general partner proprietor, or 3) a principal executive officer, ranking elected official or authorized representative of a public agency. This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct.
Signature Date
G. W. Brucker Vice-President & Phone w/area code General Manager (818) 765-1010

Days: Name (last name first) and Phone w/area code	Nights Name (last na	ne Irsi) and Phone w	/arca code	
COMPLETE THE FOLLOWING ON A	SEPARATE FO	RM FOR EA	CH CONTAINI	ER
IV Description	·			
A. Qo₁ Tank □ ∞ Sump □ ∞ Lagoon, Pit or Pond □ ⊶ Othe	er:		•	ure is no number assign on 14
B. Manufacturer (if appropriate): <u>UNKNOWN</u> Year of Mig	g:	C. Year Inst	alled:1951	🗆 Unknowi
D. Container Capacity: 350 gallons 🗆 Unknown E. Cor	ntainer Repairs: 🗘 🛭	None □∞U	nknown 🛛 🕫 Yes	Year:
F. Is Container currently used? ☐ Yes ☐ No. II No. yea	r of last use:			🗆 os Unknow
G. Does the Container Store (Check One): ☐ or Waste 🛱 or I	Product			
H. Does the Container Store Motor Vehicle Fuel or Waste Oil?	□o₁ Yes ထ ∞ No	If Yes, Che		
: □ or Unleaded □ or Regular □ or Premium □ or Diesel (CUTTING E	
and the state of t	🗆 os Waste Oil 🔼 🕫	Other (List):	UIIIIU_F	<u> </u>
	□ os Waste Oil Ø oe	Other (List):	COLLING	1.0110
V Container Construction A. Thickness of Primary Containment:25 □ Gauge (COLLING	
V Container Construction	⊠ Inches 🗅 cm [] Unknown	COTTING	
V Container Construction A. Thickness of Primary Containment:25 Gauge (B	⊠ Inches □ cm □] Unknown	□ ∞ None	
V Container Construction A. Thickness of Primary Containment:25 □ Gauge (B. □ Vaulted (Located in an underground Vault.) □ ∞ Nor C. □ • Double Walled (Ž ∞ Single Walled □ ∞ Lined	⊠ Inches □ cm □ n-vaulted □ oo Ur	Unknown Iknown	□ ∞ None	os Aluminum
V Container Construction A. Thickness of Primary Containment:25 □ Gauge (B. □ Vaulted (Located in an underground Vault.) □ ∞ Nor C. □ • Double Walled (Ž ∞ Single Walled □ ∞ Lined	Monches □ cm □ n-vaulted □ ∞ Un □ ω Wrapped □ □ ω Polyvinyl C	Unknown known os Unknown chloride	□ ∞ None s Concrete □	
V Container Construction A. Thickness of Primary Containment:25	Monches □ cm □ n-vaulted □ ∞ Un □ ω Wrapped □ □ ω Polyvinyl C	Unknown known os Unknown chloride	□ ∞ None s Concrete □	

VI Piping
A. Associated Piping: ∰ui Above Ground □ ∞ Underground □ □ vaulted
B. Underground Piping: ☐ or Gravity ☐ ∞ Pressure ☐ ∞ Suction ☐ ∞ Unknown
C. Piping Repairs: ♀ ♀ None □ ∞ Unknown □ ∞ Yes, Year of most recent repair:
VII Leak Detection
Ø οι Visual □ ω Stock Inventory □ ∞ Tile Drain □ ω Vapor Snill Wells □ ∞ Sensor Instrument
□ ∞ Ground Water Monitoring Wells □ ∞ Pressure Test □ ∞ Internal Inspection □ ∞ None
□ 10 Other:
VIII Chemical Composition of Materials Currently or Previously Stored in Underground Containers If you checked yes to IV-H you are not required to complete this section.
currently previously Chemical Do Not Use Commercial Name (Use additional paper for more room) stored stored CAS # (If known)
Xon □∞ HYDROCARBON BLEND
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□o₁ □∞
D01 D02
□01 □∞
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□ oı □ oz
□oı □œ .
Is Container located on an Agricultural Farm? 🛘 🛭 Yes 🖽 🕫 No
IX IMPORTANT! Read instructions before signing:
Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located. 2) a general partner proprietor, or 3) a principal executive officer, ranking elected official or authorized representative of a public agency. This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct.
Sonaiure
G. W. Brucker Vice-President & General Manager (818) 765-1010

lays: Name (fast name first) and Phone w/area code	Nights Name (last nam	ie fest) and Phone w	/area code	
COMPLETE THE FOLLOWING ON	A SEPARATE FOR	M FOR EA	CH CONTA	MINER
IV Description	SPILL_CONTAIN	MENT	Y Y	
A. □ oı Tank □ ∞ Sump □ ∞ Lagoon, Pit or Pond □ () Ot	her: <u>CATCH_BASI</u>	١	Container Humber	r (If there is no number assign on
3. Manufacturer (if appropriate):Year of M	Alg:	C. Year Inst	alled: <u>198</u>	1 🗆 Unknow
D. Container Capacity: 16.8 gallons D Unknown E. C	Container Répairs: 💆 🗤	None □∞ U	nknown 🗆 🛭	Yes Year:
. Is Container currently used? Ďioi Yes □ ∞ No. If No. y	ear of last use:			□ ∞ Unknow
3. Does the Container Store (Check One): Waste	2 Product			
f. Does the Container Store Motor Vehicle Fuel or Waste Oil	? Йо₁ Yes □ ∞ No	Il Yes, Che	ck appropriat	e box(es):
: □ or Unleaded □ ∞ Regular □ ∞ Premium □ ⊶ Diesel	Down Waste Oil □ ∞	Other (List): _		
/ Container Construction				
. Thickness of Primary Containment:3 Gauge	□ CM □ cm □	Unknown		
3. ☐ or Vaulted (Located in an underground Vault.) ☐ ∞ N	on-vaulted 🗆 🖘 Uni	known		
C. □ on Double Walled □ on Lined	☐ o₄ Wrapped ☐	∞ Unknown	□ ∞ None	
Dou Carbon Steel □ ∞ Stainless Steel □ ∞ Fibergla	ss 🗆 🛚 🛭 Polyvinyl Cl	nloride 🛱	s Concrete	□ ∞ Aluminum
☐ or Steel Clad ☐ ∞ Bronze ☐ ∞ Composite ☐ □	o Non-metallic □	ıı Earthen Wa	alls	
12 Unknown 13 Other:				
☐ 12 Unknown ☐ 13 Other: On Rubber Lined ☐ 02 Alkyd Lining ☐ 03 Epoxy Lin		ning 🗆 os I	Glass Lining	☐ ∞ Clay Lining

VI Piping	• •			
A. Associated Piping: 🗎 01 Above Ground 🗀 02 Underground 🗀 03 Vaulted NONE				
B. Underground Piping: ☐ or Gravity ☐ or Pressure ☐ or Suction	n 🗆 👊 Unknown			
C. Piping Repairs: □ 01 None □ 02 Unknown □ 03 Yes, Ye	ar of most recent repair:NA			
VII Leak Detection				
☐ O Visual ☐ o Stock Inventory ☐ o Tile Drain ☐ o Vapor Sr	niff Wells · □ ∞ Sensor Instrument			
☐ ∞ Ground Water Monitoring Wells ☐ or Pressure Test ☐ ∞ Inter	nal Inspection □ ∞ None			
□ 10 Other:				
VIII Chemical Composition of Materials Currently or Previous If you checked yes to IV-H you are not required to complete this section.	ly Stored in Underground Containers			
currently previously Chemical Do A stored stored CAS # (if known)	lof Use Commercial Name (Use additional paper for more room)			
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D 01 02	······································			
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□o₁ □∞				
Is Container located on an Agricultural Farm? ☐ or Yes ☐ No				
IX IMPORTANT! Read instructions before signing: Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative				
must be responsible for the overall operation of the facility where the lank(s) are located. 2) a general partner proprietor, or 3) a principal executive officer, ranking elected official or authorized representative of a public agency. This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct.				
Signature				
Printed Name G. W. Brucker	Vice-President & Phone W/area code General Manager (818) 765-1010			

•				
Days Name (last name lirst) and Phone w/area code	Nights Name (last nam	e first) and Phone v	l'area code	
COMPLETE THE FOLLOWING ON A S	EPARATE FOR	M FOR EA	CH CONTAI	NER
IV Description		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
A. □ o₁ Tank □ ∞ Sump □ ∞ Lagoon, Pit or Pond 🚨 બ Other.	CATCH BAS	IN	Container Number (7	f there is no number assign ones
B. Manufacturer (if appropriate): Year of Mfg:	1980	C. Year Inst	alled:19{	30 🗆 Unknown
D. Container Capacity:0_ gallons	ner Repairs: 🕮 1	Vone □ ∞ U	'nknown □∞ Y	es Year:
F. Is Container currently used? ♥ on Yes □ on No If No, year of	last use:			🗆 🐽 Unknown
G. Does the Container Store (Check One): □ Waste □ ∞ Proc	luct	•	,	
H. Does the Container Store Motor Vehicle Fuel or Waste Oil?	oı Yes □X₂ No	If Yes, Che	eck appropriate	box(es):
☐ or Unleaded ☐ ∞ Regular ☐ ∞ Premium ☐ ⊶ Diesel ☐ ∞	Waste Oil □ ∞ (Other (List): _	NO STAND	ING_FLUIDS
V Container Construction				
A. Thickness of Primary Containment:4 Gauge of Ir	nches 🗆 cm 🗆	Unknown		•
B. □ or Vaulted (Located in an underground Vault.) □ □ ∞ Non-va	ulted 🗆 🙃 Unk	nown		
C. □ on Double Walled □ Single Walled □ on Lined □ on Wrapped □ on Unknown □ on None				
D. ☐ o Carbon Steel ☐ o Stainless Steel ☐ or Fiberglass ☐ or Polyvinyl Chloride ☐ Concrete ☐ or Aluminum			⊒ ∞ Atuminum	
□ or Steel Clad □ ∞ Bronze □ ∞ Composite □ 10 Non-metallic □ 11 Earthen Walls				
🗆 12 Unknown 🗎 13 Other:				
E ☐ vi Rubber Lined ☐ ∞ Alkyd Lining ☐ ∞ Epoxy Lining	□ o₄ Phenolic Lir	ning 🗆 os	Glass Lining	□ 6 Clay Lining
Øு Unlined ☐ ∞ Unknown ் ☐ ∞ Öther:		 -		
F □ or Polyethlene Wrap □ or Vinyl Wrapping □ or Cathodic	Protection D	⊶ Unknown	X □ os None	□ ↔ Other:

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VI FlipIng				
A. Associated Piping: ப Above Ground புஷ Underground ப vaulted				
B. Underground Piping: □χιχ Gravity □ ∞ Pressure □ ∞ Suction □ ω Unknown				
C. Piping Repairs: ☑ □ None □ □ □ Unknown □ □ Yes, Year of most recent repair:				
VII Leak Detection				
□χίχVisual □ ∞ Stock Inventory □ ∞ Tile Drain □ ω Vapor Snilf Wells □ ∞ Sensor Instrument				
☐ os Ground Water Monitoring Wells ☐ or Pressure Test ☐ conternal Inspection ☐ on None				
□ 10 Other:				
VIII Chemical Composition of Materials Currently or Previously Stored in Underground Containers If you checked yes to IV-H you are not required to complete this section.				
currently previously Chemical Do Not Use Commercial Name (Use additional paper for more room) stored stored CAS # (Il known)				
O1 O2				
O1				
□o₁ □∞				
O1 D02				
□oı □œ				
□oı □∞				
□o: □∞ .				
Is Container located on an Agricultural Farm? ☐ or Yes ☐ or No				
IX IMPORTANTI Read instructions before signing:				
Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located. 2) a general partner proprietor, or 3) a principal executive officer, ranking elected official or authorized representative of a public agency. This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct.				
Signature				
G.W. Brucker G.W. Brucker G.W. Brucker General Manager (818) 765-1010				

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER IV Description A CAN Tank co Sump co Lagoon, Pit or Pond co Other: Container Number iff three is no number assigned 17 18 19 19 19 19 19 19 19	Days Name (fast name first) and Phone w/area code	Nights. Name (tast name first) and Phone w/area code		
A CM Tank	COMPLETE THE FOLLOWING O	ON A SEPARATE FORM FOR EACH CONTAINER		
A. CXX Tank □ ∞ Sump □ ∞ Lagoon, Pit or Pond □ ∞ Other:	IV Description			
D. Container Capacity: 400 gallons Unknown E. Container Repairs: 💢 None 🗀 Unknown 🗀 Yes Year: F. Is Container currently used? 🖂 Yes 😅 No If No, year of last use: 🗀 🗀 Unknown 🗀 Yes Year: 🖂 Unknown Is Yes Check One): 🗀 Waste 🛱 Year Year Year Year Year Year Year Year	A. DXX Tank □ ∞ Sump □ ∞ Lagoon, Pit or Pond □ ∞	Other: Container Number (If there is no number assign one)		
F. Is Container currently used? ON Yes ON If No, year of last use: ON Unknown G. Does the Container Store (Check One): ON Waste ON Product H. Does the Container Store Motor Vehicle Fuel or Waste ON Yes ON If Yes, Check appropriate box(es): ON Unleaded ON Regular ON Premium ON Diesel ON Waste ON Other (List): CUTTING FLUID V Container Construction A. Thickness of Primary Containment: 125 OR Gauge On Unknown B. ON Vaulted (Located in an underground Vault.) ON Non-vaulted ON Unknown C. ON Double Walted ON Single Walted ON Lined ON Wrapped ON Unknown ON None D. ON Carbon Steel ON Stainless Steel ON Fiberglass ON Polyvinyl Chloride ON Concrete ON Aluminum ON Steel Clad ON Bronze ON Composite ON Non-metallic ON Earthen Walts	B. Manufacturer (if appropriate): NATCO Year o	of Mig.:1968 C. Year Installed:1968 Unknown		
G. Does the Container Store (Check One):	D. Container Capacity: 400 gallons 🗆 Unknown E.	. Container Repairs: □ None □ ∞ Unknown □ ∞ Yes Year:		
H. Does the Container Store Motor Vehicle Fuel or Waste Oil?	F. Is Container currently used? Yes o 2 No If No.	o, year of last use: 🗆 💿 Unknown		
Dot Unleaded	G. Does the Container Store (Check One): 🗆 🕫 Waste (Ö o₂ Product ·		
V Container Construction A. Thickness of Primary Containment: Gauge ☐ Inches ☐ cm ☐ Unknown B. ☐ or Vaulted (Located in an underground Vault.) ☐ or Non-vaulted ☐ or Unknown C. ☐ or Double Walted ☐ or Single Walted ☐ or Lined ☐ or Wrapped ☐ or Unknown ☐ or None D. ☐ or Steel Clad ☐ or Stainless Steel ☐ or Fiberglass ☐ or Polyvinyl Chloride ☐ or Concrete ☐ or Aluminum ☐ or Steel Clad ☐ or Bronze ☐ or Composite ☐ re Non-metallic ☐ re Earthen Walts ☐ 12 Unknown ☐ 13 Other:	H. Does the Container Store Motor Vehicle Fuel or Waste	Oil? 🗆 01 Yes 🖾 02 No 💮 Il Yes, Check appropriate box(es):		
A. Thickness of Primary Containment: Gauge Inches cm Unknown B. Doubled (Located in an underground Vault.) Non-vaulted Unknown C Double Walled Single Walled on Lined Wrapped Wrapped None D. Double Walled Single Walled on Fiberglass Polyvinyl Chloride Concrete Aluminum	□ or Unleaded □ or Regular □ or Premium □ or Dies	sel □∞ Waste Oil □∞ Other (List): CUTTING FLUID		
A. Thickness of Primary Containment: Gauge _ Inches _ cm _ Unknown B. (On Vaulted (Located in an underground Vault.)	V Container Construction			
C ☐ o₁ Double Walled ☐ o₂ Single Walled ☐ o₂ Lined ☐ o₄ Wrapped ☐ o₅ Unknown ☐ o₅ None D. ☐ o₁ Carbon Steel ☐ o₂ Stainless Steel ☐ o₂ Fiberglass ☐ o₄ Polyvinyl Chloride ☐ o₅ Concrete ☐ o₅ Aluminum ☐ o₂ Steel Clad ☐ o₃ Bronze ☐ o₃ Composite ☐ 10 Non-metallic ☐ 11 Earthen Walls ☐ 12 Unknown ☐ 13 Other:	A. Thickness of Primary Containment:	ge ☐ Inches ☐ cm ☐ Unknown		
D. (Ճ or Carbon Steel	B. (Žo) Vaulled (Located in an underground Vault.)	≥ Non-vaulted □ 03 Unknown		
☐ or Steel Clad ☐ oo Bronze ☐ oo Composite ☐ 10 Non-metallic ☐ 11 Earthen Walls ☐ 12 Unknown ☐ 13 Other:	C. □ o₁ Double Walled	ed □ o₄ Wrapped □ o₅ Unknown □ o₅ None		
🗆 12 Unknown 🖂 13 Other:	D. Ø or Carbon Steel □ ∞ Stainless Steel □ ∞ Fiberglass □ ∞ Polyvinyl Chloride □ ∞ Concrete □ ∞ Aluminum			
	☐ or Steel Clad ☐ ∞ Bronze ☐ ∞ Composite 〔	□ 10 Non-metallic □ 11 Earthen Walls		
E. □ on Rubber Lined □ ∞ Alkyd Lining □ ∞ Epoxy Lining □ ∞ Phenolic Lining □ ∞ Glass Lining □ ∞ Clay Lining	🗆 ız Unknown 🗆 ıs Other:			
	E. □ on Rubber Lined □ ∞ Alkyd Lining □ ∞ Epoxy L	Lining □ બ Phenolic Lining □ ∞ Glass Lining □ ∞ Clay Lining		

VI Piping © o3 Vaulted A. Associated Piping: On Above Ground □ œ Underground On Gravity B. Underground Piping: □ oz Pressure ☐ m Suction □ or Unknown C. Piping Repairs: □K₁ None □ o₂ Unknown □ ∞ Yes, Year of most recent repair: _ VII Leak Detection Ø Visual ☐ oz Stock Inventory □ ∞ Tile Drain □ or Vapor Snitt Wells · □ or Sensor Instrument O or Pressure Test ☐ os Ground Water Monitoring Wells □ m Internal Inspection □ ∞ None ☐ io Other: _ VIII Chemical Composition of Materials Currently or Previously Stored in Underground Containers If you checked yes to IV-H you are not required to complete this section. currently slored Chemical Do Not Use Commercial Name (Use additional paper for more room) previously slored CAS # [If known] としょ HYDROCARBON BLEND \square or O 01 □ ∞ D 01 01 01 **D** 01 . . . Is Container located on an Agricultural Farm? Doi Yes □X₂ No IX IMPORTANT! Read instructions before signing: Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located 2) a general partner proprietor, or 3) a principal executive officer. ranking elected official or authorized representative of a public agency This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct. Date Signature Proted Name Phone w/area code Vice-President & G. W. Brucker (818) 765-1010

<u>General Manager</u>

·				
•				
Days Name (last name lest) and Phone w/area code	Nights Name (fast name) lirsts and Phone w	viarea code	
COMPLETE THE FOLLOWING ON A SE	PARATE FOR	M FOR EA	CH CONTAIN	VER
IV Description				
A. Øor Tank □oz Sump □∞ Lagoon, Pit or Pond □ o Other:			Container Number (#	thure is no number #ssign one
B. Manufacturer (if appropriate): BARON Year of Mig:	_1967	C. Year Inst	alled:196	7 🗆 Unknown
D. Container Capacity: 150 gallons Unknown E. Containe	er Repairs: 🖄 🕫 N	lone □æU	nknown 🗆 🚥 Ye	es Year:
F. Is Container currently used? □ Yes □ ∞ No II No, year of la	ast use:			🗆 øз Unknown
G. Does the Container Store (Check One): 🗆 🕫 Waste 🗘 🕫 Produ	ct			
H. Does the Container Store Motor Vehicle Fuel or Waste Oil?	Yes ∑ ∞ No	If Yes, Che	ck appropriate b	ox(es):
☐ on Unleaded ☐ ∞ Regular ☐ ∞ Premium ☐ ∞ Dieset ☐ ∞ W	Vaste Oil □∞ O	ither (List):		
V Container Construction				
A. Thickness of Primary Containment:25 Gauge D Incl	hes om ot	Joknown		•
B. Ø • Vaulted (Located in an underground Vault.) □ ∞ Non-vault				
C. ☐ o Double Walled				
D. D. Oarbon Steel □ ∞ Stainless Steel □ ∞ Fiberglass □ ∞ Polyvinyl Chloride □ ∞ Concrete □ ∞ Aluminum				
□ or Steel Clad □ os Bronze □ os Composite □ to Non-metallic □ to Earthen Walls				
🗆 12 Unknown 🗆 13 Other:				
E □ ⋅⋅ Rubber Lined □ ⋅⋅ Alkyd Lining □ ⋅⋅ Epoxy Lining □	J ⊶ Phenolic Linir	ng □ ∞ G	ilass Lining C	o Clay Lining
प्रिल Unlined □ m Unknown □ m Öther:				

☐ o Cathodic Protection

Ops None

□ M Unknown

D⇔ Other: .

□ ∞ Vinyl Wrapping

F □ m Polyethtene Wrap

VI Piping
A. Associated Piping: பெ Above Ground பெ பி Underground இல Vaulted
B. Underground Piping: ☐ or Gravity ☐ or Pressure ☐ or Suction ☐ or Unknown
C. Piping Repairs: □Xoi None □ oo Unknown □ oo Yes, Year ol most recent repair:
VII Leak Detection
XXoı Vısual □ ∞ Stock Inventory □ ∞ Tile Drain □ ∞ Vapor Snill Wells □ ∞ Sensor Instrument
□ Ground Water Monitoring Wells □ Pressure Test □ Internal Inspection □ None
Other;
VIII Chemical Composition of Materials Currently or Previously Stored in Underground Containers If you checked yes to IV-H you are not required to complete this section.
currently previously Chemical Do Not Use Commercial Name (Use additional paper for more room) stored stored CAS # (If known)
CHLORINATED SOLVENT
O1 O2
001 002
O(
O1 O2
On Ox
□« □∞ ·.
Container located on an Agricultural Farm? □ or Yes ☑ ∞ No
K IMPORTANT! Read instructions before signing:
gnature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative ust be responsible for the overall operation of the facility where the tank(s) are located 2) a general partner proprietor, or 3) a principal executive official king efected official or authorized representative of a public agency. This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct.
Daic
G. W. Brucker G. W. Brucker General Manager (919) 765 1010

Days Name (last name lest) and Phone w/area code	Nights: Name (last name first) and Phone wilarca code
COMPLETE THE FOLLOWING	ON A SEPARATE FORM FOR EACH CONTAINER
IV Description	
A □ or Tank □ or Sump □ or Lagoon, Pit or Pond Ø	SPILL CONTAINMENT Container Number of thurs is no number assign one 12
B. Manufacturer (if appropriate): RYAN_HERCO_Ye	ar of Mig.: 1982 C. Year Installed: 1982 Unknown
D Container Capacity: _550 gallons 🗆 Unknown	E. Container Repairs Do None □ ∞ Unknown □ ∞ Yes Year:
F. Is Container currently used? Žio₁ Yes ☐ ∞ No Ⅱ	No, year of last use: □ ∞ Unknown
G. Does the Container Store (Check One): 🗆 oi Wasti	e □ ∞ Product NO MATERIAL ·STORED
H. Does the Container Store Motor Vehicle Fuel or Was	ste Oil? □ or Yes □ o₂ No If Yes, Check appropriate box(es):
•	ste Oil? ☐ oi Yes ☐ o₂ No If Yes, Check appropriate box(es): Diesel ☐ ∞ Waste Oil X to ∞ Other (List):
□ or Unleaded □ ∞ Regular □ ∞ Premium □ ∞ [Diesel ☐ ∞ Waste Oil XI ∞ Other (List):
□ or Unleaded □ ∞ Regular □ ∞ Premium □ ∞ [Diesel □ ∞ Waste Oil Xti ∞ Other (List): <u>TANK IS DRY</u>
Unleaded □∞ Regular □∞ Premium □∞ I V Container Construction A. Thickness of Primary Containment:25 □ 0	Diesel ☐ ∞ Waste Oil X ™ ∞ Other (List):
Unleaded □∞ Regular □∞ Premium □∞ I V Container Construction A. Thickness of Primary Containment:25 □ C B. □□□ Vaulted (Located in an underground Vault.)	Diesel ☐ ∞ Waste Oil X to ∞ Other (List):
□ on Unleaded □ ∞ Regular □ ∞ Premium □ ∞ I V Container Construction A. Thickness of Primary Containment:25 □ C B. □ on Vaulted (Located in an underground Vault.)) C. □ on Double Walled □ ∞ Single Walled □ ∞ L	Diesel □∞ Waste Oil Xto ∞ Other (List):
□ on Unleaded □ ∞ Regular □ ∞ Premium □ ∞ I V Container Construction A. Thickness of Primary Containment:25 □ C B. □ on Vaulted (Located in an underground Vault.)) C. □ on Double Walled □ ∞ Single Walled □ ∞ L	Diesel

☐ ∞ Cathodic Protection

□XX None

□ o→ Other:

□ o Unknown

□ oz Vinyl Wrapping

F 🗆 01 Polyethlene Wrap

A1 Kibita
A Associated Piping: □XiX Above Ground □ ∞ Underground □ ∞ Vaulted
B. Underground Piping: ☐ ⊕ Gravily ☐ ∞ Pressure ☐ ∞ Suction ☐ ⊶ Unknown
C. Piping Repairs: ∰w None □ ∞ Unknown □ ∞ Yes, Year of most recent repair:
VII Leak Detection
☐ or Visual ☐ or Stock Inventory ☐ or Tile Drain ☐ or Vapor Snift Wells ☐ or Sensor Instrument
☐ of Ground Water Monitoring Wells ☐ of Pressure Test ☐ of Internal Inspection ☐ of None
CKX Other:TANK_HAS_NEVER_CONTAINED_ANY_MATERIAL
VIII Chemical Composition of Materials Currently or Previously Stored in Underground Containers If you checked yes to IV-H you are not required to complete this section.
currently previously Stored stored CAS # (If known) Chemical Do Not Use Commercial Name (Use additional paper for more room)
□ o₁ □ ∞
□ oı □ oz
01 02
□oı □∞
□o₁ □∞
□ oı □ ω
Do: 02
□o₁ □œ
□oı □∞ .
Is Container located on an Agricultural Farm? ☐ or Yes ☐ ∞ No
IX IMPORTANT! Read instructions before signing:
Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located 2) a general partner proprietor, or 3) a principal executive officer, ranking elected official or authorized representative of a public agency. This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct.
Sonature
G. W. Brucker G. W. Brucker General Manager [818] 765-1010

Days Name (last name lirst) and Phone w/area code	Nights. Name (last name list) and Phone w/area code
COMPLETE THE FOLLOWING ON A	SEPARATE FORM FOR EACH CONTAINER
IV Description	
A. □ oı Tank □ ∞ Sump □ ∞ Lagoon, Pit or Pond Ø o₄ Other:	SPILL CONTAINMENT Container Number (# there is no number assign once TANK (DRY) 12
B. Manufacturer (if appropriate): _RYAN_HERCOYear of Mig.:	C. Year Installed: Unknown
D. Container Capacity: 550 gallons 🗆 Unknown E. Conta	ainer Repairs: Ø o None ☐ ∞ Unknown ☐ ∞ Yes Year:
F. Is Container currently used? (Žo) Yes □ ∞ No II No, year	of last use: □ ∞ Unknown
G. Does the Container Store (Check One): □ oi Waste □ oz Pr	oduct NO MATERIAL STORED
H. Does the Container Store Motor Vehicle Fuel or Waste Oil?	□ o₁ Yes □ o₂ No II Yes, Check appropriate box(es):
☐ oi Unleaded ☐ ∞ Regular ☐ os Premium ☐ o Diesel ☐	∞ Waste Oil X to ∞ Other (List):TANK_IS_DRY
V Container Construction	
A. Thickness of Primary Containment:25 Gauge	Ynches □ cm □ Unknown
B. □ or Vaulted (Located in an underground Vault.) XX∞ Non-	vaulted 🛘 👓 Unknown
C. □ o Double Walled] o Wrapped □ o Unknown □ o None
D. □ or Carbon Steel □ ∞ Stainless Steel □ XX∞ Fiberglass	□ ∞ Polyvinyl Chloride □ ∞ Concrete □ ∞ Aluminum
□ or Steel Clad □ ∞ Bronze □ ∞ Composite □ 10 No	on-metallic 🔲 u Earthen Walls

☐ ∞ Cathodic Protection

🗋 👊 Unknown

□XX None

☐ № Other:

□ o₂ Vinyl Wrapping

F. □ or Polyethlene Wrap

VI Piping				
A. Associated Piping: □XX Above Ground □ ∞ Underground □ ∞ Vaulted				
B. Underground Piping: ☐ or Gravity ☐ ∞ Pressure ☐ ∞ Suction ☐ બ Unknown				
C. Piping Repairs: ∰oi None ☐ oz Unknown ☐ os Yes, Year of most recent repair:				
VII Leak Detection				
☐ or Visual ☐ ∞ Stock Inventory ☐ ∞ Tile Drain ☐ બ Vapor Snill Wells ☐ ∞ Sensor Instrument				
☐ c Ground Water Monitoring Wells ☐ o Pressure Test ☐ c Internal Inspection ☐ c None				
CKX Other:TANK_HAS_NEVER_CONTAINED_ANY_MATERIAL				
VIII Chemical Composition of Materials Currently or Previously Stored in Underground Containers If you checked yes to IV-H you are not required to complete this section.				
currenlly previously stored stored CAS # (ff known) Chemical Do Nor Use Consmercial Name (Use additional paper for more room)				
□ 01				
□o₁ □∞				
□oı □∞				
□o₁ □∞				
□oı □∞				
□oı □∞				
□o₁ □œ				
□o₁ □œ				
On Oa .				
Is Container located on an Agricultural Farm? ☐ or Yes 🛱 ∞ No				
IX IMPORTANTI Read instructions before signing:				
Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located 2) a general partner proprietor, or 3) a principal executive officer, ranking elected official or authorized representative of a public agency. This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct.				
S-gnature Date				
G. W. Brucker Take Vice-President & General Manager Phone w/area code (818) 765-1010				

ATTACHMENT D



ENVIRONMENTAL SETTLITY LAST TWO YEARS.

8/28/84

PEGISTERED +HIRTERN (13) UNDERGROUND TANKS WITH STATE OF COLIFORNIA.

9/23/84

PROBERM PER REVISED BUIDELINES.

5/29/84

HIRED CONSULTANT AND SUBMITTED
BACK-GROUND STUDY & PROPOSAL TO CALIF.
WATER QUALITY BOARD FOR UNDERGROUND
TAINK LEAK DETECTION PROGRAM.

10/15/84

BORES THREE (3) MONITORING WELLS TO DEPTH OF 40 KT, AWD TESTED SOILS. SURMICTED DATA TO WHOEN QUALITY BOARD.

1/23/55

EXCAUATED FOUR (4) GASCLIVE & SOLURNT STORAGE TANKS, TESTED SOIL BACKFILLED CONDACTED & REPAUED WITH APPROVAL OFF WATER QUALITY BOARD, TANKS 2, 3, 4 & 5.

CLOSED & FILLED CUSSPOOL AT GUARDHOUSE. TANK H.V. CUNNECTED GUARDHOUSE TO SEWER UNDER CITY OF LOS ANGELES PERMIT.

4/34/85

ETCAUATED WASTE O, LYANKAT PLANTZ AND VISIBLE CONTAMINATED SOIL.

6/24/85

BORED. TEST HOLE AT TANK #11 LOCATION, TESTED SOILS AWD SUBHITTED DOTA TO WATER QUALITY BOARD.

7/31/85

EXCAUATED & PAPAVED DER AUTHORIZATION



10/86 PERING PARTIES TO LOSTE OF PROPERTY DUPS TO PROPERTY TO LITTE TO DEPTHENT OF TO LITTE TO DUPS TO DUPS TO DUPS TO DUPS THE STORED DUPS TO STORED TO STORED DUPS TO SOIL TO DEPTHEND SOIL BACK FILLS & POUR DE DUPS TO TOTAL DON'T COMPANIATED SOIL BACK FILLS & POUR DE DUES CONCRETE CUP SPILL CONCRETE CUP SPILL CONTROL DE DUES CONCRETE CUP

ATTACHMENT E

1980 MANIFESTS

CALIFORNIA LIQUID WASTE HAULER RECORD ER RESOURCES CONTROL BOARD/STATE DEPARTMENT OF HEALTH * 363**6111** LIQUID WASTE MANAGEMENT Name (print or type): PICK UP ADDRESS 11600 Shercan Yay P. O. BOX 1082 SUN VALLEY, CALIFORNIA 91352 Business Addressi (Number) North Hollywood Cas **グルップ 🚾 🗖 pm** Telephone Number: (213) 767-4424 765 1010 ATT.R.Slatterbeck 363 State Liquid Waste Hauler's Registration No. (if applicable): TEL NO./ No. of Loads of Trips: x063 -6580*5*4 P. O. NO. _barrels. The described waste was hauled by me to the disposal (Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining) facility named below and was accepted. I certify (or declare) under penalty of DESCRIPTION OF THE PROPERTY OF perjury that the foregoing is true and correct. ... CHECK TYPE OF WASTE ಆ ವಾರತ್ ಜನಿಸಿ 🕯 🜃 stank bottom sediment Signature of authorized agent and title acid solution . 📰 alkaline solution drilling mud pesticides es contaminated soil and sand Name (print br type) paint sludge ? 12: Cannety Waste Code No. ij 'solvent latex waste Site Address: 3.33 6 H tetraéthyl lead slúdge mud and water 7 R chemical toilet wastes brine The hauler above delivered the described waste to this disposal facility and it was an acceptable 1:1 WATER MISE MINT material under the terms of RWOCB requirements, State Department of Health regulations, and local other (specify), Quantity measured at site (if applicable): __ (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list)) metals (list) organics (list), cyanide) HANDLING METHOD(S): concentration recovery lower treatment (specify) 85 (Examples: incineration, neutralization, precipitation) code no pond spreading landfill injection well -~ खि If waste is held for disposal elsewhere specify final locations ______ Disposal Date:_ t certify (or declare) under penalty of ZHAZARDOUS PROPERTIES OF WASTE perjury that the foregoing is true and toxic Ca Clammable in Corrosive a Replacive correct. Signature of authorized agent and title The site operator shall submit a legible copy of each completed Record to the State Department of Health **BULK VOLUME:** with monthly fee reports. cartons CONTAINERS:

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

1 certify (or declare) under penalty of perjury that the foregoing is true and correct.

SPECIAL HANDLING INSTRUCTIONS (IF ANY),

PHYSICAL STATE:

Signature of authorized agent and title

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

DOT PROPER SHIPPING NAME

CALIFORNIA LIQUID WASTE HAULER RECORD

TE WATER RESOURCES CONTROL BOARD STATE DEPARTMENT OF HEALTH LIQUID WASTE MANAGEMENT Name (print or type): Code No. P. O. BOX 1082 SUN VALLEY, CALIFORNIA 91352 Business Address am am Telephone Number: (213) 767-4424 363 State Liquid Waste Hauler's Registration No. (if applicable) B KWA TYPE OF PROCESS WHICH PRODUCES WASTE The described waste was hauled by me to the disposal Examples: metal plating, equipment cleaning, oil drilling. Wasiewater treatment, pickling bath, petroleum territing. facility named below and was accepted. certify (or declare) under penalty of perjury that the foregoing is true and correct. CHECK TYPE OF WASTE Off bottom sediment deld solution blkaline salution besticides contaminated soil and sand paint sludge tumery waste Code No . lates waste solvent tetraethyl lead sludge mild and water chemical toilet wastes The houler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWOCB requirements, State Department of Health regulations, and local other (specify) Quantity measured at site (if applicable): (Examples: Hydrochloric acid, lime; caustic soda, phenolics, solvents (list), metals (list) organics (list), cvanide) HANDLING METHOD(S) (Examples: incineration, neutralization, precipitation pond spreading landfill injection well Disposal Date: A certify (or declare) under penalty of perjury that the foregoing is true and flammable... explosive Signature of authorized agent and title The site operator shall submit a legible copy of each completed Recard to the State Department of Health BULK VOLUME with monthly fee reports. drums cartons CONTAINERS PHYSICAL STATE: PROPER SHIPPING NAME SPECIAL HANDLING INSTRUCTIONS (IF ANY)

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury

CALIFORNIA LIQUID WASTE HAULER RECORD

		The state of the s	07 03 60	Charles Mysterial Short McMill	363 5708
NAME				radio (print of typo).	TE MANAGEMENT
PICK UP ADDRESS	S i		·		SUN VALLEY, CALIFORNIA 91352
1.	ENDIX CORP.	DATE	13/80	(Number) Telephone Number: (213) 767-4424 State Liquid Waste Hauler's Registration No. (if applicab	(Street) (City) Imme: pm
TEL NO	1600 Sherman Way		grafi grafi		
	orth Hollywood G		inder and a second of the seco	Job No.:No. of Load	
Type	Colored Children of Manager was a			Vehicle: vacuum truckb	arrels, a flatbed, a other (specify)
(Examp	PROCE COLOR PROPERS NASE, pless metal plating, equipment cleaning	Oil draining	Code No.	The described waste was houled by me to the d facility named below and was accepted.	isposal
wastev	vater treatment, pickling bath, petrolei	m refining)	er en	tacility named below and was accepted. Certify (or declare) under penalty of	
			· · ·	perjury that the foregoing is true and	
	CHECK TYPE OF WASTE	8 Tank bottom sedime	nt	correct.	Signature of authorized agent and title
* *	1 acid solution	compare oil	ROSE STATE OF THE		
-	alkaline solution	drilling mud			
	3 pesticides 4 paint sludge	Descent be confaminated soil at	nd sand	Name (print or type):	
•	5 solvent	13 latex waste		Site Address:	Code No
	6 tetraethyl lead sludge	14 mud and water	1	Sile Address.	
	7 🎇 chemical toilet wastes	15 brine		The houser above delivered the described was	raste to this disposal facility and it was an acceptable
	other (specify)	**************************************	Code No.	material under the terms of RWOCB requirer restrictions.	nents, State Department of Health-regulations, and local
1			C008140.	Quantity measured at site (if applicable):	Stare fee (If any)
	(Examples: Hydrochloric	acid, lime, caustic soda, phenolics, salvents			
2*	The second state of the second	concentration	% ppm	HANDLING METHOD(S):	
	And the second of the second o	lower upper		recovery	
we fi	and the second s			freatment (specify)	utralization, precipitation).
,	3			# /	
	The second secon	the state of the s	2 2	disgonal (specify) other (specif	preading all landfill in injustion well
	E			and other (specific	code no.
	6	Carried Carried Control Contro	4	If waste is held for disposal elsewhere specify final locat	on
		A CONTRACTOR OF THE PROPERTY O	his visses a cranitativamini vissionalini dinvente	Disposal Date:	4 9 11 8 3 3 3 3
			•	! certify (or declare) under penalty of perjury that the foregoing is true and	Value Value
. 1	pH	toxic flammable corrosive	explosive	correct.	
		the special part of the special control of	other	and the second s	Signature of authorized agent and title
	(VOLUME: gol		other (specify) other	The site operator shall submit a legible copy of with monthly fee reports.	each completed Record to the State Department of Health
iole	TAINERS: (NUMBER)		(specify)		
The Property of the Party of th	SICAL STATE Soli	There is a second of the secon	(specify)	DOT PROPER SHIPPING	NAME
STEEL STEEL	ALHANDLING INSTRUCTIONS (IF A	NY)			
	le is described to the State of	The state of the s	2000		
ine was hauler (i	f applicable).	Nyerea Toro ucensea	Indoor wasie		

Stakahire of authofized agent and title

certify (or declare) under penalty of perjury that the foregoing is true and correct.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING.
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

CALIFORNIA LIQUID WASTE HAULER RECORD STATE WATER RESOURCES CONTROL BOARD/STATE DEPARTMENT OF HEALTH

CODE NO	363 7133
NAME:	Name (print or type): LIQUID WASTE MANAGEMENT
ADDRESS 11 600 Sherman Way	P. O. BOX 1082 SUN VALLEY, CALIFORNIA 91352
North Hollywood Ca.	Telephone Number, (213) 767-4444 Pick Up: (Street). (City)
745 1010 ATT.R.Sietterbook	State Liquid Waste Hauler's Registration No. (if applicable): 363
TEL NO /	Job No.: No. of Loads or Trips: Unit No.:
P.O.NO. 1/0 63 - 151154	7 Vehicle:
TYPE OF PROCESS WHICH PRODUCES WASTE Code No. (Examples: metal plating, equipment cleaning, oil drilling Code No.	The described waste was hauled by me to the disposal
wastewater treatment, pickling both, petroleum refining)	facility named below and was accepted. I certify (or declare) under penalty of
THE STATE OF THE S	perjury that the foregoing is true and correct.
CHECK TYPE OF WASTE 8 tank bottom sediment	Signature of authorized agent and title
acid solution 2 alkaline solution 10 adrilling mud	
pesticides 11 cantaminated soil and sand	2/#1
paint sludge 42 cannery waste 5 solvent 42 paint sludge	Name (print or type): Code No.
6 a tetraethyl lead sludge	Site Address:
7 chemical toilet wastes	The hauler above delivered the described waste to this disposal facility and it was an acceptable
other (specify) Code No.	material under the terms of RWOCB requirements, State Department of Health regulations, and local restrictions.
(Examples: Hydrochloric acid, lime, caustic sada, phetrolics, salvents	Quantity measured at site (it applicable):
(list), metals (list) organics (list), cyanide)	HANDLING METHOD(S):
concentration % ppm	recovery
	treatment (specify)
2 3	(Examples: incineration, neutralization, precipitation) code no. disposal (specify) pond spreading landfill injection well
	other (specify)
	Code no:
6	If waste is held for dispesol-elsewifere specific final location:
	Olspesal Dere: 1 certify (or declare) under penalty of
pH	perjury that the foregoing is true and correct.
	Signature of authorized agent and title
BULK VOLUME: gal. tons (42 gal) (specify) ather containing the containing to the containing to the containing t	The site operator shall submit a legible copy of each completed Record to the State Department of Healt with monthly fee reports.
CONTAINERS: (NUMBER) PHYSICAL STATE: drums cartons bags (specify) other (specify)	
SPECIAL HANDLING INSTRUCTIONS (IF ANY)	DOT PROPER SHIPPING NAME
	- Andrew Commence of the Comme
The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).	

bilized agent and title

treefily (or declare) under penalty of perjury that the foregoing is true and correct.

CALIFORNIA LIQUID WASTE HAULER RECORD STATE WATER RESOURCES CONTROL BOARD/STATE DEPARTMENT OF HEALTH

CODE NO.	PANIERO WASIE Must be filed by Taylet
NAME BENDIX CUEPS	Name (print or type): LIQUID WASTE MANAGEMENT
ADDRESS: 1600 SHERMS	Business Address. P. O. BOX 1082 SUN VALLEY, CALIFORNIA 91352 Code No
ADDRESS: 1600 SHERING WATH 14011- WELL LIST 11-12-80	(Number) (Street) (City) (City) (Date)
16 (213) 765 1016 SETYEZ	State Liquid Waste Houley's Registration No. (if applicable): 363
Tano 8043 -06236	Vehicle: Vacuum truck barrels, a flotbed, ather
TYPE OF PROCESS WHICH PRODUCES WASTE	(specify)
(Examples: metal plating, equipment cleaning, oil drilling Code No.	The described waste was hauled by me to the disposal thicility named below and was accepted.
DESCRIPTION OF THE PROPERTY OF	certify (or declare) under penalty of perjury that the foregoing is true and
CHECK TYPE OF WASTE 1 Light boltom sediment	correct. Signature of authorized agent and title
Calkaline solution	
Bettleiber	THE PROPERTY OF THE PROPERTY O
spaint sledge seal solven	Name (pfint or type)
solvent Sol	Sile Address: 270 - Cook no
chémical tailet wastès	The hauler above delivered the described waste to this disposal facility and it was an acceptal
affier (specify)	material under the terms of RWOCB requirements, State Department of Health regulations, and to restrictions.
(Examples: Hydrochloric acid, lime trustly sales phenolics solvents	Ovantity measured at site (if applicable):
(list), metals (list) organics (list); Eyankia	HANDLING METHOD(S):
lower upper	recovery
CHROPIC 4CID	regiment (specity) (Examples: incineration, neutralization, precipitation). cade no.
3	disposed (specity) / pond spreading londfill injection well
	other (specify)
	the state of the s
	If waste is held for disposol elsewhere specify final locations Disposol Date: 12282
CHAZARDOUS PROPERTIES DE WASTE	I certify (or declare) under penalty of perjury that the foregoing is true and
pH 6/8 In none toxic Inflammable corrosive sexplosive	Signature of authorized agent and title
BULK VOLUME: 2500 Xgal. borrels other (specify)	The site operator shall submit a legible copy of each completed Record to the State Department of Her
CONTAINERS: drums drums bogs (specify)	with monthly fee reports.
PHYSICAL STATE: solid solid studge (specify)	DOT PROPER SHIPPING NAME
SPECIAL HANDLING INSTRUCTIONS (IF ANY)	PATEURIEU SIIII III VALIMILE
The waste is described to the best of my ability and it was delivered to a licensed liquid waste	
hauler (if applicable). 1 certify (or declare) under penalty of perjury	FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING
that the foregoing is true and correct.	HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD /STATE DEPARTMENT OF HEALT!

The state of the s	FCODE NO.	STRUL BOARD/STATE DEPARTMENT OF HEALTH	363 7137
NAME BERNIX CORP.		Name (print or type): LIQUID WASTE MAN	<u> </u>
ADDRES 1600 Sherman Way		Business Address: P. O. BOX 1082 SUN VALL	EY, CALIFORNIA 91352 Code No.
North Hellywood Ca.	DATE	(Number) (Stree	(City)
765 1010 ATT.R.SIN		State Liquid Waste Hauler's Registration No. (if applicable):	(Date) 363
10.00 CAD 008 32		Job NoNo. of Loads or Trips:	Unit No.:
TYPE-OF PROCESS WHICH PRODUCES WASTE		Vehicle:	flatbed, specify)
(Examples: metal plating, equipment cleaning, oil wastewater treatment, pickling bath, petroleum-re	drilling Code No	The described waste was hauled by me to the disposal facility named below and was accepted. 1 certify. (or, declare) under penalty of	2001
CHECK TYPE OF WASTE		perjury that the foregoing is true and	lon Dattal
deid solution	Service Section Section		Signature of authorized agent and tile
alkaline solution	110 Marilling myd		
pesticides	contaminated soil and sand		
4 paint sludge	The Ballinery would	Name (print or type):	
3 solvent	- die die Catte	Site Address: 3018 HUST	Code No
tetraethyl lead sludge	* Thud and water	and the second s	The state of the s
7 chemical toilet wastes	3 Dine	The hauler above delivered the described waste to this	disposal facility and it was an acceptal
other (specify)	Code No.	material under the terms of RWOCB requirements, State restrictions.	Department of Health regulations, and lo
	and the same of th	Quantity measured at site (if applicable):	State fee (if any)
(Examples: Hydrochloric acid	l, lime, caustic soda, phenolics, solvents		
	concentration % ppm	HANDLING METHOD(S):	0.067186749
the Change	lower gope	recovery	36
2 / Part comme 6	12-25-	treatment (Specify)	
3		(Examples: incineration, neutralization, pr	
4		disposal (specify) pond spreading	landfill Injection well
5		other (specify)	code no
4		it waste is held for disposal elecuhere specify fig. (mantion)	
TO A ADDRESS OF THE PROPERTY O	Company of the Compan	Disposal Date:	
1000000000000000000000000000000000000		I certify (or declare) under penalty of	0 M 2
pH_S.6 none foxi	c : Adminuble corrosive - explosive	perjury that the foregoing is true and correct.	sarer -
. des			Signature of authorized agent and fille
BULK VOLUME 2500 gal.	tons by tons (47 (47) (specify)	The site operator shall submit a legible copy of each comple	ted Record to the State Department of Hea
CONTAINERS: (NUMBER) drums	cartons bags other (specify)	with monthly fee reports.	
FHYSICAL STATE: Solid	liquid studge other (specify)	- Andrew Mort	
SPECIAL HANDLING INSTRUCTIONS (IF ANY)	1000	DOT PROPER SHIPPING NAME	
the best of my ability	y and it was delivered to a licensed liquid waste		The state of the s

Certify (or declare) Unions that the foregoing is true and corre

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING

» (ر

CALIFORNIA LIQUID WASTE HAULER RECORD STATE WATER RESOURCES CONTROL BOARD/STATE DEPARTMENT OF HEALTH NAME: LIQUID WASTE MANAGEMENT Name (print or type): P. O. BOX 1082 SUN VALLEY, CALIFORNIA 91352 Business Address: 11600 Sherman Way Telephone Number (213) 767-4424 North Hollywood Ca-363 State Liquid Waste Hauler's Registration No. (if applicable): CONTACTVES 1010 ATT R. SIRtterbea No. of Loads or Trips 2063-062368 TYPE OF PROCESS WHICH PRODUCES WASTE The described waste was houled by me to the disposal (Examples: metal plating, equipment cleaning, oil criting wastewater freatment; pickling bath, petroleum refining) facility named below and was accepted. I certify (or declare) under penalty of perjury that the foregoing is true and CHECK TYPE OF WASTE tank bottom sediment acid solution Triffie mud alkaline solution Stituminated soil and sand pesticides TO IT THE MANUAL WOODS paint sludge šõlvent Tries waste tetraethyl lead sludge mild and water chemical tailet wastes brine The hauler above delivered the described waste to this disposal facility and it was an acceptable moterial under the terms of RWOCB requirements. State Department of Health regulations, and local other (specify). restrictions Code No. Quantity measured at site (it applicable): (Examples: Hydrochloric acid, lime, caustic sada, phenolics, solvents (list), metali (list) organic (list), cyclical) HANDLING METHOD(S): ppm recovery treatment (specify) (Examples: incineration, neutralization, precipitation) pond spreading landfill injection well ather (specify)_ If waste is held for disposal elsewhere specify final location: _ Disposal Date: I certify (or declare) under penalty of ALLAROSSIS PROPERTIES OF WASTE perjury that the foregoing is true and correct. toxic flammable corrosive . Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

DOT PROPER SHIPPING NAME

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

a cortons

certify (or declare) under penalty of perjury the foregoing is true and correct.

SPECIAL HANDLING INSTRUCTIONS (IF ANY)

CONTAINERS.

PHYSICAL STATE:



(specify)

(specify) other

(specify).

FOR INFORMATION RELATED TO SPILLS OR OTHER ÉMÉRGENCIES INVOLVE HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 49

that the foregoing is true and correct.

CALIFORNIA LIQUID WASTE HAULER RECORD

U L J	STATE WATER RESOURCES CONTR	ROL BOARD/STATE DEPARTMENT OF HEALTH	
PRODUCER OF WASTE (Must be filled by proc	CODE NO.	HAULER DE WASTE (Must be filled by hauler)	363 8285
NAME: PICK UP BENDIX CORP. 11600 Sherman Way North Hollywood Ca TEL.NO. 765 1010 ATT.R.Sla	DATE 1 1 - S	Name (print or type): Business Address: P. O. BOX 1082 SUN VALLEY, CANNER (Number) Telephone Number: (213) 767-4424 State Liquid Waye Hauler's Registration No. (if applicable):	Calabia
TYPE OF PROCESS WHICH PRODUCES WASTE (Examples: metal plating, equipment cleaning, oil of wastewater treatment, pickling both, petroleum re	drilling fining)	The described waste was hauled by me to the disposal facility named below and was accepted. I certify (or declare) under penalty of	Unit No.:
CHECK TYPE OF WASTE 1	tank bottom sediment oil drilling mud contaminated soil and sand cannery waste	perjury that the foregoing is true and correct. EPA#CAD000072843 Name (print or type):	nature of authorized agent and title
5 solvent 6 tetraethyl lead sludge 7 chemical toilet wastes 0 other (specify)	latex waste mud and water locate brine Code No	Site Address: 106 7786 The haller above delivered the described waste to this dispose material under the terms of RWOCB requirements, State Departs restrictions. Quantity measured at site (if applicable):	ment of Health regulations, and loca
(list), metals (list) organics (list) 1 2 3 4 5 6	concentration % ppm lower upper	recovery treatment (specify) (Examples: incineration, neutralization, precipitation) disposal (specify) pond spreading landfil other (specify)	·
BULK VOLUME: GONTAINERS: (NUMBER) GOLD CONTAINERS: (NUMBER) GOLD SPECIAL HANDLING INSTRUCTIONS (IF ANY)	, , ,	If waste is held for disposal examiners specify and localized Disposal Date: I certify (or declare) under penalty of perjury that the foregoing is true and correct. Sign The site operator shall submit a legible copy of each completed Re with monthly fee reports. DOT PROPER SHIPPING NAME	notice of authorized agent and title scord to the State Department of Health
The waste is described to the best of my ability hauler (if applicable). 1 certify (or declare) under penalty of perjury	and it was delivered to a licensed liquid waste	FOR INFORMATION RELATED TO SPILLS OR OTHER	EMERGENCIES INVOLVING

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCE	ES CONTROL BOARD/STATE DEPARTMENT OF HEALTH
PRODUCER OF WASTE (AM) be filled by produced.	HAULER OF WASTE (Must be filled by houler) 3638500
NAME: P.O. # \$/8047-013581 PICKUP BENDIX CORP.	Name (print or type): Business Address: P. O. BOX 1082 SUN VALLEY, CALIFORNIA 91352 Code No.
11600 Sherman Way	(Number) (Street) 7 / (City) / (City)
North Hollywood Ca. 12/5/	
TEL.NO.765 1010 ATT.R.Slatterbeck	State Liquid Waster authr's Registration No. (it applicable):
TYPE OF PROCESS WHICH PRODUCES WASTE	Job No.:No. of Loads or Trips:Unit No.:Unit No.:Unit No.:Unit No.:
	ode No. The described waste was hauled by me to the disposal facility named below and was accepted.
DESCRIPTORSO AVASTRAMUTE STANCE TO THE STANCE OF	! certify (or declare) under penalty of perjury that the foregoing is true and
CHECK TYPE OF WASTE 8 tank bottom sediment	correct.
acid solution 9 oil + WATER	EPA # CADO0072843
2 alkaline solution 10 drilling mud	DISCONTINUE MATERIAL PROPERTY AND ASSESSMENT OF THE PROPERTY O
3 pesticides 11 contaminated soil and sand	Name (print or type): BKK CORPORATION Gods No.
4 paint sludge 12 cannery waste 5 solvent 13 latex waste	Site Address 210-AT TIDEST COVINA Code No.
6 at tetraethyl lead sludge 14 iii mud and water	C AND 1 77791 740
7 chemical toilet wastes . 15 brine	The hauler above delivered the described waste to this disposal facility and it was an acceptable
other (specify)	material under the terms of RWOCB requirements, State Department of Health regulations, and local restrictions.
	Quantity releasured at site (if applicable):13.92 State fee (if any):
(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list) organics (list), cyanide)	HANDLING METHOD(S):
lower upper	ppm recovery
	treatment (specify)
2	(Examples: incineration, neutralization precipitation) code no.
1	disposally specify) pond spreading landfill injection well
	other (specify) code no.
	If waste is held for disposal elsewhere specify final location:
	Disposal Date: 12-058)
HAZARDOUS PROPERTIES OF WASTE	I certify (or declare) under penalty of perjury that the foregoing is true and
pH 🔀 none 🔟 toxic 🕮 flammable 🔣 corrosive 💹 explo	
OF OF SILVER BOTTON OTHER	The site operator shall submit a legible copy of each completed Record to the State Department of Heal
BULK VOLUME: 3500 Sqal. Sports Squarels (specify) other (specify) drums Cartons Squarels (specify)	with monthly fee reports.
PHYSICAL STATE: (NUMBER) solid liquid sludge (specify)	
SPECIAL HANDLING INSTRUCTIONS (IF ANY)	DOT PROPER SHIPPING NAME
<u> </u>	- Water to D. D. William I.
The waste is described to the best of my ability and it was delivered to aclicensed liquid was hauter (if applicable).	te Willow Tell
I certify (or declare) under penalty of perjury	FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING

that the foregoing is true and correct.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

CALIFORNIA LIQUID WASTE HAULEK KECOKD STATE WATER RESOURCES CONTROL BOARD/STATE DEPARTMENT OF HEALTH

CODE NO.	363 840 2
NAME:	Name (print or type): LIQUID WASTE MANAGEMENT
PICARIADIX COMP.	Name (psin of type).
ADDRESS: DATE TO STORY TO STOR	Business Address: P. O. BOX 1082 SUN VALLEY, CALIFORNIA 91352 Code No. (Number) (Street) (Street)
North Hollywood Ca.	(Number) (Street) (City) [o City) Telephone Number: (213) 767-4424 Pick Up: (Date)
nes tota are a Staktochock	State Liquid Waste Hauler's Registration No. (if applicable): 363
TELNIAGE 107/ NSC47-013581	Job No.:No. of Loads or Trips:Unit No.:
P.O.NO.	Vehicle: vacuum truckbarrels, # flatbed, # other
THE OF PROCESS WHICH PRODUCES WASTE	(specify)
(Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining)	The described waste was hauled by me to the disposal facility named below and was accepted.
	I certify (or declare) under penalty of perjury that the foregoing is true and
	correct.
1 acid solution 9 oil A A A A A	Signature of authorized agent and fitle
2 alkaline solution 10 drilling mud	EPA # CADO0072843
3 pesticides 11 contaminated soil and sand	
4 paint sludge 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Name (print or type):
5 solvent 13 latex waste	Site Address:
6 tetraethyl lead sludge 14 mud and water	CADO 67786749
7 chemical toilet wastes 15 brine	The harden above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWOCB requirements, State Department of Health regulations, and local
other (specify)	restrictions.
	Quantity measured at site (if applicable):State fee (if any)
(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list) organics (list), cyanide)	
concentration % ppm	HANDLING METHOD(S):
lower upper	recovery
2	treatment (specify) (Examples: incineration, neutralization, precipitation) code no.
3	disposal (specify) B pond spreading landfill injection well
4	other (specify)
5	code no.
6	If waste is held for disposal elsewhere specify final location
	Disposal Date:
A STANCE OF THE PROPERTY OF TH	1 certify (or declare) under penalty of perjury that the foregoing is true and
pH none 💹 toxic 🔛 flammable 💹 corrosive 🖼 explosive	correct.
	Signature of authorized agent and title
BULK VOLUME: 1 (3) gal. tons (42 gal) (specify)	The site operator shall submit a legible copy of each completed Record to the State Department of Heal with monthly fee reports.
(NUMBER)	
	DOT PROPER SHIPPING NAME
SPECIAL HANDLING INSTRUCTIONS (IF ANY)	•
The waste is described to the best of my ability and it was delivered to a licensed liquid waste	LANGE OIL

hauler (if applicable).

: It certify (or declare) under penalty of perjury

that the foregoing is true and correct.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD/STATE DEPARTMENT OF HEALTH

	HAULER OF WASTE (MUST HE FIRED BY NEW BY) 3637094
PRODUCER OF WASTE (Must be filled by producer).	Parametra Anna Sering Statement 2024 0 24
NAME: PICK BENDIX CORP.	Name (print or type): LIQUID WASTE MANAGEMENT
ADDRESS 1600 Sherman Way	Business Address: P. O. BOX 1082 SUN VALLEY, CALIFORNIA 91352 Code No.
North Hollywood Ca. PATE /23/8	(Number) (Street) (City)
765 1010 ATT.R.Slatterbeck	(Date) 3.63
TEL NO.	State cidula waste namer's kegistration No. (If applicable):
P. O. NO.	
TYPE OF PROCESS WHICH PRODUCES WASTE	Vehicle: vacuum truckbarrels, flatbed, ather(specify)
(Examples: metal plating, equipment cleaning, oil drilling Code No wastewater treatment, pickling bath, petroleum refining)	o. The described waste was hauled by me to the disposal facility named below and was accepted.
wastewater freatment, picking sain, petroleum retning)	I certify (or declare) under penalty of perjury that the foregoing is true and
CHECK TYPE OF WASTE 8 1 tenk bottom sediment	correct.
acid solution 9 oil	Signature of authorized agent and little
32 alkaline solution 10 drilling mud	DESCRIPTION AND AND AND AND AND AND AND AND AND AN
3 pesticides 11 contaminated soil and sand	
4 paint sludge 12 cannery waste	Name (print or type): Site Address: 22(0) S. HZUSG (1) (1) Code No.
5 solvent 13 latex waste 6 tetraethyl lead sludge 14 mud and water	Site Address: OCIO STRUGGIO
7 chemical toilet wastes brine	
other (specify)	The hauler above delivered the described waste to this disposal facility and it was an acceptab material under the terms of RWOCB requirements, State Department of Health regulations, and loc
Code No.	restrictions. Quantity measured at site (if applicable): 14.75. State fee (if any):
(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents	Quantity measured at site (if applicable): 14:775. State fee (if any):
COMPONENTS: (list), metals (list) organics (list), cyanide)	HANDLING METHOD(S):
concentration % ppm lower upper	recovery
	treatment (specify)
3	(Examples: incineration, neutralization, precipitation) code no.
4	disposal (specify) pond spreading alandfill injection well other (specify)
5	other (specify) code no.
6	It waste is held for disposal elsewhere specify final location:
	Disposal Date: 10-03-80
HAZARDOUS PROPERTIES OF WASTE	I certify (or declare) under penalty of perjury that the foregoing is true and
pH Mone toxic flammable corrosive explosive	correct. Signotore of authorized agent and title
BULK VOLUME: 9700 gal. tons barrels (42 gal) cother (specify)	The site operator shall submit a legible copy of each completed Record to the State Department of Heal
BULK VOLUME: gal tons (42 gal) (specify) other containers: drums cartons bags (specify)	with monthly fee reports.
PHYSICAL STATE: Solid Illiquid sludge (specify) other (specify)	
SPECIAL HANDLING INSTRUCTIONS (IF ANY)	DOT PROPER SHIPPING NAME
The waste is described to the best of my ability and it was delivered to a licensed liquid waste	
hauler (if applicable). I certify (or declare) under penalty of perjury C	
s comy for acciding direct pendity of perjory is a figure to the first terms of the first	FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING

that the foregoing is true and correct.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD/STATE DEPARTMENT OF HEALTH

3638217 CODE NO. LIQUID WASTE MANAGEMENT Name (print or type): Code No P. O. BOX 1082 SUN VALLEY, CALIFORNIA 91352 Business Address: 11600 Sherman Bay [] am Telephone Number (213) 767-4424 North Hollywood Co State Liquid Waste Hariler's Registration No. (if applicable): TEL. NO. 765 1010 ATT R. M.L. Lab No. No. of Loads or Trips barrels, TYPE OF PROCESS WHICH PRODUCES WAS The described waste was hauled by me to the disposed Code No. (Examples: metal plating, equipment cleaning, oil drilling facility named below and was accepted. "wastewater treatment, pickling bath, petroleum refining I certify (or declare) under penalty of and the state of t perjury that the foregoing is true and CHECK TYPE OF WASTE tank bottom sediment acid solution EPA#CAD000072843 alkaline solution drilling mud pesticides contaminated soil and sand connery waste Name (print or paint sludge Code No solvent latex waste Site Address: tetraethyl lead sludge mud and water chemical toilet wastes The havier above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWOCB requirements, State Department of Health regulations, and local other (specify) restrictions. Code No. Quantity measured at site (if applicable) (Examples: Hydrochloric acid, lime, caustic soda, phenolies, solvents (list), metals (list) organics (list), cydinide) HANDLING METHOD(S) recovery 1 treatment (specify) (Examples: Incineration, neutralization, precipitation) pond spreading landfill injection well other (specify). If waste is held for disposal elevities specif Disposal Date: certify (or declare) under penalty of The state of the s perjury that the foregoing is true and toxic teminoble corrosive and explosive Signature of authorized agent and title The site operator shall submit a legible copy of each completed Record to the State Department of Health BULK VOLUME: 1 with monthly fee reports. (specify) PHYSICAL STATE: **DOT PROPER SHIPPING NAME** SPECIAL HANDLING INSTRUCTIONS (IF ANY). The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury

that the foregoing is true and correct.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL [800] 424-9300.

1984 MANIFESTS

Plea	UNIFORM HAZARDOUS WASTE MANIFEST (Form designed for use on elite (12-pitch) typewriter.) 1. Generator's US EPA C A D 0 0 8 3	ID No. M.	anifest	2. Page			ion in th	ne shaded areas ad by Federal
	3. Generator's Name and Mailing Address BENDIX CORP. ELECTRODYNAMICS DIVISION 11600 Sherman Way, No. Hollywood, CA 916			ASIN 84	352			t Number
	4. Generator's Phone (818)765-1010	03	i	B.Stat	e Gener	ator's	32	5334
	5. Iransporter 1 Company Name 6.	US EPA ID Numb						53156
	OIL & SOLVENT PROCESS CO. C. A. 7. Transporter 2 Company Name 8.	D. O. O. 8. 3. 0. 2			sporter:			18) 334-5117
	<u>L</u>			F. Tran	sporter's	Phon		
	9. Designated Facility Name and Site Address 10. OIL AND SOLVENT PROCESS CO. 1704 First St.	US EPA ID Numb	er	CI	e Facilit 2/200 lity's Ph	83	024	103
		D. 0. 0. 8. 3. 0. 2	9.0.3				117	i k
G	11. US DOT Description (Including Proper Shipping Name, Hazard C	lass, and ID Number	12.Conta No.	iners Type	13 Tota Quan	al l	14. Unit Wt/Val	Waste No.
E 2 E R	WASTE FLAMMABLE LIQUID UN 199	3	0 0 5	D M	002	5 0	G	F oos
A T O R	b.			-				
	c.							
	d .		·					
	J. Additional Descriptions for Materials Listed Above &-1 Skydrol-80% Heptain-20% &-2 MEK 30% Paint thinner 70% &-3 Heptain 70% oil 30% &-4 Kerosene 95% water 5%	/armish 100%		K.Hen		des for	Waster	Listed Above
	15. Special Handling Instructions and Additional Information MAKE SURE ALL BUNGS ARE TIGHT. WERR G	OGGLES AND GLO	OVES.		<u> </u>		300 1	19 m. 19
	16. GENERATOR'S CERTIFICATION: I hereby declare that the contabove by proper shipping name and are classified, packed, marked transport by highway according to applicable international and national an	i, and labeled, and are	in all respe	ects in p				
	Printed/Typed Name	Signature	A					Date Month Day Year
Y	R. SLATTERBECK	12 (620	US	-				121184
R	17. Transporter 1 Acknowledgement of Receipt of Materials	<u> </u>	1				1	Date Month Day Year
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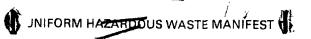




Department of Health Services Toxic Substances Control Division Sacramento, California

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	BENDIX CORP. ELECTRODYNAMICS DIVI	A State Manifest Pocument Number 84352502						
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	4. Generator's Phone (818) 765-1010	Or 71003		CA	POOK 3	325	334	?
	4. Generator's Phone (818) 765-1010 5. Transponer 1 Company Name	6. US EPA ID Nu			Transporter'		53156	2
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ŀ	B 6 Freon 100%							
	15. Special Handling Instructions and Additional Infor	mation	C 20				<u></u>	
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	MAKE SURE ALL BUNGS ARE TIGHT. W	EAR GOGGLES AND GL	LOVES.					
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	transport by highway according to applicable internati	onal and national governmen	tal regulation	ıs.		1		
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Ī	20. Facility Owner or Operator: Certification of receipt of term 19.	of hazardous materials cover	ed by this m	anifest ex	cept as note	ed in		
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	4. Generator's Phone (818) 765-1010		D. Ska	(A Generator 2					
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1	15. Special Handling Instructions and Additional Infor	rmation		 		****			
	Goggles and gloves								
11	16. GENERATOR'S CERTIFICATION: I hereby declare the	nat the contents of this consignm	ent are ful	ly and a	ccurately descri	bed			
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	transport by highway according to applicable internation	onal and national governmental	regulation	18.		1	Date		
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	This is to certify that the above-named wastes are properly classified, described, proper condition for transportation according to the applicable requirements of the					MO.] [DAY		YR.
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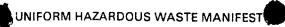
UNIFORM HAZARDOUS WASTE MAL _ST 4-744 P Street :ramento, 95814 83211401 STATE ID NUMBER ase print or type with ELITE type (12 characters per inch). GENERATOR NAME AND MAILING ADDRESS MANIFEST DOCUMENT NUMBER BENDIX CORP/ELECTRODYNAMICS EPA ID NUMBER 11600 SHERMAN WAY NO HOLLYWOOD, AREA CODE/PHONE NUMBER 91605-5887 VEH./CONTAINER NO. EPA ID NUMBER (818)765-1010 TRANSPORTER NO. 1 OIL & SOLVENT PROCESS CO 1704 FIRST ST. AZUSA. 91702 (818)334-5117 1-1-1 | CADD00830290 TRANSPORTER NO. 2/ALTERNATE TSD FACILITY EPA ID NUMBER TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY EPA ID NUMBER OIL & SOLVENT PROCESS CO BY GENERATOR 1704 FIRST ST AZUSA, CA., 91702 AREA CODE/PHONE NUMBER (818)334-5117 CIA D 10 10 18 13 10 12 19 10 1 TOTAL UN/NA CONTAINER WASTE DIS PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS NUMBER WT/VOL CAT. NO. MET QUANTITY NO. TYPE BE FILLED IN 2120 G 0 0 7 D M N.O.S. U | N | 1 | 9 | 9 | 3 | 0 | 0 | 3 | 2 | 5 1. WASTE FLAMMABLE LIQUID 2- HAZARDOUS WASTE LIQUID ORM-E |N|A|9|1|8|9|0|0|0|5|5 G OIDM ı, CONC. RANGE UNITS 2 COMPONENTS UPPER LOWER 32 Z 28 1.1 KETONES 27 23 X 1.2 ALIPHATICS 12 8 Z 1.3 ALCOHOLS 17 13 2 1.4 AROMATICS 1.5 NON-VOLATIVE MATERIAL 22 18 X 100 95 2.1 TRICHLOROTRIFLUORETHANE SPECIAL HANDLING INSTRUCTIONS MAKE SURE BUNGS ARE TIGHT AND THAT DRUMS ARE NOT LEAKING This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA MO. DAY 0,5 1,7 R.J.SLATTERBECK Printed or typed full name and signature Check if continuation sheet is used. Number of continuation sheets TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES BE FILLED IN DATE MO. DAY REC'D JIM HARTMAN **ACCEPTED** 117 8 3 Printed or typed full name and signature 0 | 5 TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES DATE MO. DAY YR. REC'D 2 **ACCEPTED** Printed or typed full name and signature DISCREPANCY INDICATION SPACE BE FILLED I BY TSDF Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the DATE RECEIVED & ACCEPTED discrepancy indication space above. Note: TSDF must complete waste number. EPA ID NUMBER MO. DAY See instructions.

tate of California-Health and Welfare Agency AZARDOUS WASTE MANAGEMENT BRA 14-744 P Street



acramento. CA 95814 83211400 STATE ID NUMBER lease print or type with ELITE type (12 characters per inch). P.O.#7067-354552 GENERATOR NAME AND MAILING ADDRESS MANIFEST DOCUMENT NUMBER EPA ID NUMBER BENDIX CORP/ELECTRODYNAMICS 11500 SHERMAN WAY ARIO CHOLLYWOOD MEGA. . 91605-5887 (818) 765-1010 TRANSPORTER NO. 1 VAN WATERS & ROCKES 1363 S. BONNIE KNIKK BEACH PL LOS ANGELES. CA.. 90023 (213)265-8123 TRANSPORTER NO. 2/ALTERNATE TSD FACILITY EPA ID NUMBER TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY EPA ID NUMBER (VAN WATERS & ROGERS) BY GENERATOR SAME AS TRANSPORTER #1 AREA CODE/PHONE NUMBER CIADIOIOI 91213101 UN/NA TOTAL UNIT CONTAINER WASTE DIS PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS TYPE CAT. NO ME NUMBER WT/VOL QUANTITY NO. FILLED IN 1.1.1. TRICHLOROETHANE ORMEA UN 2 8 3 1 0 0 3 8 5 0 0 7 7 7 2 1 1 0 BE CONC. RANGE UNITS COMPONENTS UPPER LOWER PPM TRICHLORETHANE DIRT OIL SPECIAL HANDLING INSTRUCTIONS **GLOVES & GOGGLES** This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA. MO. DAY Printed or typed full name and signature W.J.SPECK 0.5 0,9 ☐ Check if continuation sheet is used. Number of continuation sheets 🖉 TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES DATE MO. DAY YR. FILLED IN TRANSPORTER REC'D BOB MARTINEZ S 0,9 ACCEPTED P Printed or typed full name and signature TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES MO DATE DAY REC'D Printed or typed full name and signature ACCEPTED DISCREPANCY INDICATION SPACE BE FILLED BY TSDF DATE RECEIVED & ACCEPTED Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. EPA ID NUMBER MO. See instructions.

Printed or typed full name and signature



14-744 P. Street acramento, CA 95814

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	See instructions. Casmalia Resources #29729-	E	PA ID N	IUMBER	^	10.	DAY		YR.
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California—Health and Welfare Agency
SUBSTANCES CONTROL DIVISION

Printed or typed full name and signature

FORM HAZARDOUS WASTE MANIFEST



P.O.#8067-462245

PERMIT #3-4742 STATE ID NUMBER 83723795

STATE ID NUMBER e print or type with ELEE type (12 characters per inch). GENERATOF NAME AND MAILING ADDRESS MANIFEST DOCUMENT NUMBER BENDIX/ELECTRODYNAMICS DIVN EPA ID NUMBER 11600 SHERMAN WAY HOLLYWOOD. AREA CODE/PHONE NUMBER C|A|D|0|0|8|3|2|5|5|3|4 (818) 765-1010 TRANSPORTER NO. 1 NAME AND MAILING ADDRESS VEH./CONTAINER NO. EPA ID NUMBER DISPOSAL CONTROL SERVICES 1369 W. 9th ST. E-74-76 UPLAND. CA.. (800) 824-3345 0 0 0 5 6 1 4 1 <u>CIA | T | O | 8 | O | O | 3 | 4 | I | 8 | </u> TRANSPORTER NO. 2/ALTERNATE TSD FACILITY . V.EH./CONTAINER NO. **EPA ID NUMBER** company season lead. nd a file seveno nuo in la real report debita aternina il la es es contentes estados Wet on this Alexander laters F= -3 is made or bread, of it's must Samme, or bear selfer. AREA CODE/PHONE NUMBER TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY TO 1992 **EPA ID NUMBER** and the second contracts CASMALIA DISPOSAL NTU ROAD BY GENERATOR Coll trajona, sin CASMALIA. CA., 7- 4 - 25# PAL P AREA CODE/PHONE NUMBER (805) 937-8449 IS 10 12 10 17 14 18 11 12 TOTAL UNIT CONTAINER WASTE DIS UN/NA PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS NUMBER QUANTITY WT/VOL TYPE CAT. NO MET FILLED IN SODIUM CYANIDE-POISON B CONC. RANGE UNITS COMPONENTS **UPPER** LOWER PPM XXMEXEMXX SOLUTION CYANIDE 37 WATER 900 GALS SPECIAL HANDLING INSTRUCTIONS **GLOVES & GOGGLES** This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA MO. DAY WALTER SPECK 8, 4 Printed or typed full name and signature Check if continuation sheet is used. Number of continuation sheets TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES) BE FILLED IN TRANSPORTER DATE MO. DAY YR. راء شا RÉC'D JULIO OCHOA 84 1 6 8 4 ACCEPTED Printed or typed full name and signature TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTER DATE MO DAY REC'D Plant Engineering 유 Printed or typed full name and signature **ACCEPTED** DISCREPANCY INDICATION SPACE ¥, DATE RECEIVED & ACCEPTED Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructionCasmalla Resources#32404-532000 MO. DAY Carol johnston

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JUNIFORM HAZARDOUS WASTE MANIFEST

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See instructions.	•	1		1 1 1		1	1.00

NIFORM HAZARDOUS WASTE MANIFEST

14-744 P Street acramento, CA 95814

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GLOVES & GOGGLES This is to certify that the above-named wastes are prope proper condition for transportation according to the applica Printed or typed full name and signature WALT J. Check if continuation sheet is used. Number of continu	SPECK ation sheets	Department of			EPA. M			
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TO BE FILLED IN BY GENERATOR

BY TSD Z

Printed or typed full name and signature

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number.

See instructions.

EPA ID NUMBER

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DATE RECEIVED & ACCEPTED

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IFORM HAZARDOUS WASTE MANTEES

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cramento, CA 95814 ase print or type with ELITE type (12 characters per inch).

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	GENERATOR NAME AND MAILING ADDRESS BENDIX CORP/ELECTRODYNAMICS 11600 SHERMAN WAY	198-			1	MANIFI EPA ID		CUMENT BER	r NUMB	BER	
	NO HOLLYWOOD, CA., 91605-5887 AREA CODE/PHONE NUMBER (818) 765-10	10		 	CIAIDI	اهاه	8 3	2 5 3	اعلم		
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Z BF	or operator: Certification of receipt of hazardous waste covere dication space above. Note: TSDF must complete waste number	d by this r					\	ATE RECI		ACCEP	
ōΞ	s. 23123- \ia Resources Alice Griest	er.	Ε	PA ID N	IUMBER		M	2	DAY		YR.

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full name and signature

TO BE FILLED IN BY GENERATOR -

See instructions.
Casmalia Resources #1
Alice Criest
Printed or typed full name and signature

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EPA ID NUMBER

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DAY

Department of Health Services

JNIFORM HAZARDOUS WASTE MANIFEST

cramento, CA 95814 83211396 P.O. #8067-452573 STATE ID NUMBER ease print or type with ELITE type (12 characters per inch). GENERATOR NAME AND MAILING ADDRESS MANIFEST DOCUMENT NUMBER BENDIX CORP/ELECTRODYNAMICS EPA ID NUMBER 11600 SHERMAN WAY NO HOLLYWOOD, CA .. 91605-5448 5887 AREA CODE/PHONE NUMBER (313)765-1010 CIAIDIO 3 3 2 5 3 3 4 1 TRANSPORTER NO. 1 DISPOSAL CONTROL SERVICE 1369 W. 9th STREET UPLAND, CA, 91786 O O O O A A 7 4 5 C ATTOR O O NUMBER RANSPORTER NO. 2/ALTERNATE TSD FACILITY TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY **EPA ID NUMBER** CASMALIA DISPOSAL NTU ROAD BY GENERATOR CASMALIA, CA.,93429
AREA CODE/PHONE NUMBER (805)937-8449 C, A, B, O, 2, O, 7, 4, 8, 1, 2 CONTAINER WASTE DIS UN/NA TOTAL UNIT PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS WT/VOL NUMBER QUANTITY TYPE CAT. NO. ME BE FILLED IN NITRIC AVID CORROSIVE U N | 2 | 0 | 3 | 1 | 0 | 0 | 1 | 0 | 0 G CHROMEC ACID CORROSIVE UN11755 001265 0 0 11 T C 1 11 12 CONC. RANGE UNITS COMPONENTS UPPER LOWER % PPN #2) 60 G. NITRIC (2-TANKS) #2) 40 G. CHROMIC 991 WATER SPECIAL HANDLING INSTRUCTIONS **GLOVES & GOGGLES** This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA. MO. DAY YR. R.J.SLATTERBECK 0 13 2 3 8 4 Printed or typed full name and signature Check if continuation sheet is used. Number of continuation sheets TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES DATE DAY YR.) BE FILLED IN TRANSPORTER REC'D 8 JULIO OCHOR 0 3 2 3 Printed or typed full name and signature 8 4 ACCEPTED TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES DATE MO DAY REC'D 2 % Printed or typed full name and signature **ACCEPTED** DISCREPANCY INDICATION SPACE BY TSDF DATE RECEIVED & ACCEPTED Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number.

FAPP2P748125

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Paulette Hopkins
Printed or typed full name and signature

tate of California-Health and Welfare Algency Department of Health Service: JNIFORM HAZARDOUS WASTE MANIFES HA≝AHDOUS WASTE MANAGEMENT BRANCH 14-744 P Street Sacramento, CA 95814 的人的情况。 Muld be a second of the W.O.#4551 XXXXXX POOFEOSP2495844 lease print or type with ELITE type (12 characters per inch). STATE ID NUMBER GENERATOR NAME AND MAILIN. MANIFEST DOCUMENT NUMBER BENDIX ELECTRODYNAMICS A FPA ID NUMBER 11600 SHERMAN WAY NO HOLLYWOOD, CA., AREA CODE/PHONE NUMBER 91605-4.37 CIAIDIO 0 8 3 2 5 3 3 4 (818) 765-1010 TRANSPORTER NO. 1 DISPOSAL CONTROL SERVICES 1369 W. 9th ST UPLAND, CA., 91786 TRANSPORTER NO. 2/ALTERNATE TSD FACILITY OLO 14 4 7 8 8 CLAIT O 18 O O 13 4 1 13 TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY **EPA ID NUMBER** CASMALIA DISPOSAL FILLED IN BY GENERATOR NTU ROAD CASMALIA, CA., 9.
AREA CODE/PHONE NUMBER CIA | D | 0 | 2 | 0 | 7 | 4 | 8 | 1 | 2 (805)937-8449 UNIT TOTAL WASTE | DI UN/NA CONTAINER PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS NUMBER QUANTITY WT/VOL CAT. NO. MI TYPE 2.0.N 40 MURATIC ACID CORROSIVE TIC 1112 O I O BANKACKACK 0 | 0 | 1 | CONC. RANGE UNITS COMPONENTS **UPPER** LOWER PP MURATIC 2 X 75% XXXXX 300 GALS WATER 8 SPECIAL HANDLING INSTRUCTIONS **GLOVES & GOGGLES** This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA. MO. DAY YR. 16156 WALTER J. SPECK 0:1 3:1 814 Printed or typed full name and signature Check if continuation sheet is used. Number of continuation sheets TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES DATE MO. DAY YR. BE FILLED IN TRANSPORTER REC'D Printed or typed full name and signature JIM LAWRENCE ACCEPTED 0 | 1 311 8|4 TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES DATE MO DAY REC'D 요 **ACCEPTED** Printed or typed full name and signature DISCREPANCY INDICATION SPACE Facility owner or operator: Certification of receipt of hazardoys waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number.

See instructions. 16163— 24.40 / 4.50 DATE RECEIVED & ACCEPTED MO. DAY

10 16

Renee George

Casmalia Resources

rinted or typed full name and signature

Department of Health Services

DATE RECEIVED & ACCEPTED

DAY

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See instructions.

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ate of California—Health and Weilare Agency
AZARDOUS WASTE MANAGEMENT BRANCH
4-744 P Street
icramento, CA 95814

Printed or typed full name and signature

M NO. DHS-8022A 11/82

UNIFORM HAZARDOUS WASTE MANIEEST

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ease print or type with ELITE type (12 characters per inch). GENERATOR NAME AND MAILING ADDRESS MANIFEST DOCUMENT NUMBER BENDIX CORP/ELECTRODYNAMICS DIVN EPA ID NUMBER 11600 SHERMAN WAY NO HOLLYWOOD, CA., 91605~5887 (818)765-1010 AREA CODE/PHONE NUMBER TRANSPORTER NO. 1 DISPOSAL CONTROL SERVICE 1369 W. 9th St. UPLAND, CA., 91786 (800)824-3345 TRANSPORTER NO. 2/ALTERNATE TSD FACILITY **Kazmakiaxbizpezak**x **XXXXXXXXXX** Karmakiaxxkaxxxxaratax TREATMENT, STORAGE, OR DISPOSAL (TSD) FA CASMALIA DESPOSAL NTU ROAD BE FILLED IN BY GENERATOR CASMALIA, CA., (805)937-8449 C|A|D|0|2|0|7|4|8|1|2 AREA CODE/PHONE NUMBER TOTAL UNIT CONTAINER WASTE DI UN/NA PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS NUMBER QUANTITY WT/VOL NO. TYPE CAT. NO. ME CHROMIC ACID CORROSIVE UN 1 7 5 5 0 04 8 0 G |0|0|1|C|T|1|1|2|AMURATIC ACID CORROSIVE U N 11 17 18 19 0 10 10 14 10 lo b la lc la CONC. RANGE COMPONENTS UPPER PP CHROMIC ACID 10% MURATIC ACID 10% SPECIAL HANDLING INSTRUCTIONS **GLOVES & GOGGLES** This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA. MO. DAY WALTER J. SPECK 0,1 113 Printed or typed full name and signature Check if continuation sheet is used. Number of continuation sheets TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES MO. YR. DATE DAY REC'D & 0,1 1,3 Printed or typed full name and signature

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tate of California-Health and Welfare Agency AZARDOUS WASTE MANAGEMENT BRANCH 14-744 P Street.

UNIFORM HAZARDOUS WASTE MANIFEST

acramento, CA 95814 W.O.#4402 P.O.#8067-450300 831 99565 STATE ID NUMBER ease print or type with ELITE type (12 characters per inch). GENERATOR NAME AND MAILING ADDRESS MANIFEST DOCUMENT NUMBER BENDIX CORP/ELECTRODYNAMICS **EPA ID NUMBER** 11600 SHERMAN WAY NO. HOLLYWOOD, CA., 91605 (213)765-1010 AREA CODE/PHONE NUMBER <u> Ciaidiolo | 8 | 3 | 2 | 5 | 3 | 3 | 4</u> TRANSPORTER NO. 1 VEH / CONTAINER NO. DISPOSAL CONTROL SERVICES 1369 W. 9th ST. UPLAND. CA.. 91786 TRANSPORTER NO. 2/ALTERNATE TSD TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY EPA ID NUMBER BKK LANDFILL 2210 AZUSA GENERATOR W. COVINA. CA. CIAIDIO 6 7 7 8 6 7 4 (213)965-0916 AREA CODE/PHONE NUMBER UNIT CONTAINER WASTE D UN/NA TOTAL PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS BE FILLED IN BY NUMBER WT/VOL QUANTITY TYPE CAT. NO.M U|N|1|7|5|5 0|5|0|0 CORROSIVE CHROMIC ACID 0 0 1 C T 1 1 2 CONC. RANGE UNITS COMPONENTS UPPER LOWER PP % CHROMIC ACID 8 SPECIAL HANDLING INSTRUCTIONS **GLOVES & GOGGLES** This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA. MO. DAY YR. WALTER J. SPECK 0 | 1 014 8 | 4 Printed or typed full name and signature Check if continuation sheet is used. Number of continuation sheets TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES DATE MO. DAY YR. FILLED IN REC'D 014 Printed or typed full name and signature RANDY L ALLEN 011 ACCEPTED 8 | 4 TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES DATE MO. DAY REC'D 유 ACCEPTED Printed or typed full name and signature DISCREPANCY INDICATION SPACE FILLED TSDF

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UNIFORM HAZARDOUS WASTE MANIFEST

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Printed or typed full name and signature

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3	Generator's Name and Mailing Address BENDIX CORP. ELECTRODYNAMICS DIV 11600 Sherman Way, No. Hollywood	VISION		184	3526 Generator		be
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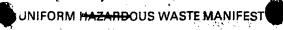
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4-744 P Street cramento, CA 95814 83211412 STATE ID NUMBER ease print or type with ELITE type (12 characters per inch). P.O.#8067-460048 GENERATOR NAME AND MAILING ADDRESS MANIFEST DOCUMENT NUMBER BENDIX CORP/ MLECTRODYNAMICS **EPA ID NUMBER** 11600 SHERMAN WAY CA., 91605-5887 MO. HOLLYWOOD. (818)765-1010 AREA CODE/PHONE NUMBER TRANSPORTER NO. 1 DISPOSAL CONTROL SERVICE 1369 W. 9th.St. (800)824-3345 TRANSPORTER NO. 2/ALTERNATE TSD FACILITY CHANGEURIER NO. D'ALLERNAIE LOU PAULIT TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY DEMENNO KERDOON 2100 M.ALIMITOS ST. COMPTON, CA., AREA CODE/PHONE NUMBER CONTAINER INER WASTE DIS TOTAL UNIT LIN/NA PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS NUMBER QUANTITY WT/VÔL PETROLIUM & WATER N.O.S. U N 1 2 7 0 0 3 7 0 0 0 0 1 C T **CONC. RANGE** UNITS ... COMPONENTS **UPPER** LOWER WATER SDLUBLE OILS 10 OILS WATER SPECIAL HANDLING INSTRUCTIONS GLOVES & GOGGLES This is to certify that the above-named wastes are properly classified, described, packaged, marked in Cabillet proper condition for transportation according to the applicable requirements of the Department of Transportation are MO. DAY Printed or typed full name and signature Check if continuation sheet is used. Number of continuation sheets TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES MΩ DAY BE FILLED IN Printed or typed rull name and signature ACCEPTED TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES МO. DATE REC'D **ACCEPTED** Printed or typed full name and signature DISCREPANCY INDICATION SPACE Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the DATE RECEIVED & ACCEPTED discrepancy indication space above. Note: TSDF must complete waste number. MO

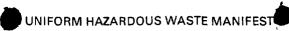
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amento, CA 95814 STATE ID NUMBER ase print or type with ELITE type (12 characters per inch). P.O.#8067-459036 GENERATOR NAME AND MAILING ADDRESS MANIFEST DOCUMENT NUMBÉR BENDIX ELECTRODYNAMICS DIVISION EPA ID NUMBER 11600 Sherman Way Nono I ywood CA AREA CODE/PHONE NUMBER 91605-5887 CIAIDIOIO 8 3 2 VEH./CONTAINER NO. TRANSPORTER NO. 1 DISPOSAL CONTROL SERVICE 1369 W. 9th St: Upland, CA 91786 (800) 824-3345 TRANSPORTER NO. 2/ALTERNATE TSD FACILITY SHALTA DISPOSAL TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILIT MERCHANIA POTESTIAL CALL Highway 33 GENERATOR Fellows, CA.
AREA CODE/PHONE NUMBER **TOTAL** PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS IN BY NUMBER WT/VOL QUANTITY WASTE OIL & WATER N.O.S. FLAMMABLE LIQUID UNITS CONC. RANGE COMPONENTS UPPER LOWER PPI WATER SOLUBLE OILS OILS WATER SPECIAL HANDLING INSTRUCTIONS **GLOVES AND GOGGLES** This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA. MO. DAY Printed or typed full name and signature WALTER J. SPECI Check if continuation sheet is used. Number of continuation sheets TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES DAY TRANSPORTER Printed or typed full name and signature TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES Plant Engineering 2 **ACCEPTED** Printed or typed full name and signature DISCREPANCY INDICATION SPACE . ₹ Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the DATE RECEIVED & ACCEPTED discrepancy indication space above. Note: TSDF must complete waste number. MO. DAY

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ramento, CA 95814 83211407 P.O.#8067~458829 STATE ID NUMBER ase print or type with ELITE type (12 characters per inch). GENERATOR NAME AND MAILING ADDRESS MANIFEST DOCUMENT NUMBER BENDIX ELECTRODYNAMICS DIVN. EPA ID NUMBER 11600 SHERMAN WAY 91605~5887 CA. NO HOLLYWOOD, AREA CODE/PHONE NUMBER (818) 765-1010 CIAIDIO 0 8 3 2 5 3 3 4 VEH./CONTAINER NO. TRANSPORTER NO. 1 EPA ID NUMBER DISPOSAL CONTROL SERVICE 1369 W. 9th ST. 91786 UPLAND. C| A| T| O| 8| O| O| 3| 4| 1| 8 | (800)824-3345 EPA ID NUMBER TRANSPORTER NO. 2/ALTERNATE TSD FACILITY BKK LANDFILL 2210 AZUSA W. COVINA. C A D O 6 7 7 8 6 7 4 **\$818)** 965-0916 TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY EPA ID NUMBER ENVIRONMENTAL PROTECTION CORP HIGHWAY 33 BY GENERATOR FELLOWS. CA., (805) 399-8087 AREA CODE/PHONE NUMBER TOTAL UNIT CONTAINER UN/NA WASTE | DIS PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS WT/VOL NUMBER QUANTITY CAT. NO. MET NO. TYPE BE FILLED IN C T 2 2 G 0 0 1 0 3 5 0 0 WASTE OIL & WATER N.O.S. FLAMMABLE LIQUID U N | 1 | 2 | 7 | 0 CONC. RANGE UNITS 2 COMPONENTS UPPER LOWER % **PPM** 5 X WATER SOLUBLE OILS Z 5 OILS 90 Ï WATER SPECIAL HANDLING INSTRUCTIONS GLOVES & GOGGLES This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA. MO. DAY YR. WALTER J. SPECK Printed or typed full name and signature Check if continuation sheet is used. Number of continuation sheets TRANSPORTER 1 ACKNOWLEDGEMENT-OF RECEIPT OF ABOVE WASTES) BE FILLED IN TRANSPORTER DATE MO. DAY YR. REC'D RECEIVED RANDY ALLEN Printed or typed full name and signature ACCEPTED 27 ß SEP 1 3 1984 TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES DATE MO DAY REC'D 요 Plant Engineering ACCEPTED Printed or typed full name and signature DISCREPANCY INDICATION SPACE

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te of California-Health and Welfare Agency ZARDOUS WASTE MANAGEMENT BRANCH

1-744 P Street

- TO BE FILLED IN BY GENERATOR -

UNIFORM HAZARDOUS WASTE MANIFEST

ramento, CA 95814

REL. #1424

STATE ID NUMBER

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UNIFORM HAZARDOUS WASTE MANIFEST

CA 95814

Printed or typed full name and signature

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W.O.# 0650 P.O.#8067-257109

STATE ID NUMBER

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IAZĄRD	California—Health and Welfare Agency OUS WASTE MANAGEMENT BRANCH	UNIFORM HAZARDOUS	WASTE MAN	NIFEST	Pay.	1/23/87	Department of	of Health	Services
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	NO HOLLYWOOD, CA., 91605-	⁵⁸⁸⁷ (818) 76 5- 1	010				12 5 3 3		
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UNIFORM HAZARDOUS WASTE MANIFEST

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P.O. #8067-257109

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UNIFORM HAZARDOUS WASTE MANIFEST

STATE ID NUMBER lease print or type with ELITE type (12 characters per inch). GENERATOR NAME AND MAILING ADDRESS MANIFEST DOCUMENT NUMBER BENDIX CORP/ELECTRODYNAMICS DIVN EPA ID NUMBER 11600 SHERMAN WAY NO HOLLYWOOD, CA., 91605-5887 (818)765-1010) C|A|D|0|0|8|3|2|5|3|3|4 AREA CODE/PHONE NUMBER TRANSPORTER NO. 1 VEH./CONTAINER NO. EPA ID NUMBER DISPOSAL CONTROL SERVICE 1369 W. 9th STREET UPLAND, CA, 91786 0,0,0,4,4,7,8,1 | C, A, T, O, 8, O, O, 3, 4, 1, 8 TRANSPORTER NO. 2/ALTERNATE TSD FACILITY V.EH./CONTAINER NO. **EPA ID NUMBER** BKK LANDFILL 2210 AZUSA W. COVINA, CA. (818) 965-0916 C. A. D. 06 7 17 8 6 7 4 TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY **EPA ID NUMBER** CASMALIA DISPOSAL NTU ROAD CASMALIA, CA., 93429
AREA CODE/PHONE NUMBER (805)937-8449 C, A, S, O, 2, O, 7, 4, 8, 1, 2 WASTE DE TOTAL UNIT CONTAINER UN/NA PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS QUANTITY WT/VOL TYPE CAT. NO. ME NUMBER NO. WASTE OIL & WATER N.O.S. FLAMMABLE LIQUID U N 1 2 7 0 0 3 5 0 0 0|0|1|C|T|2|2|2 6 CONC. RANGE UNITS COMPONENTS **UPPER** LOWER PPN WWATER SOLUBLE OILS 10 OILS, OTHER 20 WATER 70 SPECIAL HANDLING INSTRUCTIONS HEAT & OPEN FLAMES **GLOVES & GOGGLES** TEEP AWAY IROM This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA. MO. DAY YR. WALTER J. SPECK 0 3 Printed or typed full name and signature Check if continuation sheet is used. Number of continuation sheets TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES DATE MO. DAY YR. REC'D

JEFF REY W. JONES Printed or typed full name and signature TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

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Facility owner or operator: Certification of receipt of hazardous waste overed by this manifest except as noted in the

DATE RECEIVED & ACCEPTED DAY

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ate of California-Health and Welfare Agency ZARDOUS WASTE MANAGEMENT BRANCH 4-744 P Street

INIFORM HAZARDOUS WASTE MANIFEST

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cramento, CA 95814

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UNIFORM HAZARDOUS WASTE MANIFEST

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ase print or type with ELITE type (12 characters per inch). GENERATOR NAME AND MAILING ADDRESS MANIFEST DOCUMENT NUMBER BENDIX CORP/ELECTRODYNAMECS EPA ID NUMBER 11600 SHERMAN WAY NO HOLLYWOOD, CA., 91606-5887 (818)765-1010 AREA CODE/PHONE NUMBER - | A | D | O | O | | 8 | 3 | 2 | 5 | 3 | 3 | 4 TRANSPORTER NO. 1 EPA ID NUMBER DISPOSAL CONTROL SERVICE 1369 W. 9th ST. UPLAND, CA., 91786 (800)824-3345 TRANSPORTER NO. 2/ALTERNATE TSD FACILITY A COMPANY STATE . . TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY **EPA ID NUMBER** 33 BKK LANDFILL BY GENERATOR 2210 AZUSA W. COVINA, CA. (818)965-0916 C | A | D | O | 6 | 7 | 7 | 8 | 6 | 7 | 4 | 9 AREA CODE/PHONE NUMBER TOTAL CONTAINER WASTE DIS UN/NA UNIT PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS NUMBER QUANTITY WT/VOL NO. TYPE CAT. NO. MET z WASTE OIL & WATER N.O.S. FLAMMABLE LIQUID UNITS CONC. RANGE LOWER COMPONENTS UPPER PPM WATER SOLUBLE OILS 10 OILS. OTHER 20 WATER 70 SPECIAL HANDLING INSTRUCTIONS **GLOVES & GOGGBES** This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA. MO. DAY ΥR Walter Joseph WALTER J. SPECK 0 1 Printed or typed full name and signature Check if continuation sheet is used. Number of continuation sheets TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES DATE MO. DAY YR. **≚** წ REC'D FILLED & RANDY ALLEN **ACCEPTED** Printed or typed full name and signature MO. TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES DATE DAY BE REC'D 요놂 ACCEPTED Printed or typed full name and signature DISCREPANCY INDICATION SPACE FILLED TSDF BE BY Facility, owner or operator: Certification of receipt of paradous waste covered by this manifest except as noted in the DATE RECEIVED & ACCEPTED discremancy indication space above. Note: foust/ complete waste-number. ე. ≧ EPA ID NUMBER MO. DAY See instructions.

Printed or typed full name and signature

1981 MANIFESTS

SEE REVERSE SIDES FOR INSTRUCTIONS, PLEASE TYPE OR PRINT CLEARLY, **PRESS HARD**

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

GENERATOR (GENERATOR MUST COMPLETE) O NAME EPA NO. O ROBER O R	DESIGNATED TSD FACILITY AUTHORIZED T	O OPERATE UNDER AN APP	ALTERNATE TSD FACILITY ROVED STATE OR FEDERAL PROGRAM) NAME	
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3 U. S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD UN/NA I.D. NO.	WEIGHT UNITS	CONTAINERS: NUMBER	UMP
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SEE REVERSE SIDES FOR STATE DEPARTMENT OF HEALTH SERVICES OR PRINT CLEARLY. HAZARDOUS MATERIALS MANAGEMENT SECTION PRESS HARD 744 P STREET, SACRAMENTO, CA 95814 GENERATOR GENERATOR MUST COMPLETE 3 DESIGNATED TSD FACILITY O ALTERNATE TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM) 当るでし EPA NO. ADDRESS EPA NO. **ADDRESS** ADDRESS CITY, STATE CITY STATE, PHONE NO CONTRACT NO. WEIGHT DA VOLUME (U. S. DOT PROPER SHIPPING NAME UNITS CONTAINERS: NUMBER BAGS CARTONS WASTE DRUMS WASTE TRUCK WASTE CATEGORY GENERATING PROCESS ① EX. HAZ. WASTE PERMIT NO. CONC. RANGE UNITS CONC. RANGE UNITS D. LIST COMPONENTS: UPPER LOWER UPPER LOWER PPM. 1871: NONHAZARDOUS MATERIAL WASTE PROPERTIES FLAMMABLE CORROSIVE/IRRITANT. SENSITIZER 10 PHYSICAL STATE LIQUID SLURRY SPECIAL HANDLING INSTRUCTIONS: GENERATOR CERTIFICATION: THIS IS TO CERTIFY THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & 🕻 A 🖡 ELED, AND ARE TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA. IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802. TRANSPORTER | (HAULER MUST COMPLETE) MAME LIQUID WASTE MANAGEMENT 1 PICK-UP DATE JOB NO. C A D 0 0 0 0 7 EPA NO. P.O. BOX 1082 ZIP CODE SUN VALLEY, CALIFORNIA 91352 PHONE NO. (213) 767-4424 SIGNATURE OF AUTHORIZED AGENT & TITE OPERATOR MUST COMPLETE O NAME OUANTITY U AL OURED HANDLING OR DISPOSAL METHOD EPA NO. SURFACE IMPOUNDMENT LANDFILL INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPME LAND TREATMENT DESIGNATED TSD FACILITY: May be supplied in the commence of the supplied of the supplined of the supplied of the supplied of the supplied of the suppli to Compression of the Compression of

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OR PRINT CLEARLY. PRESS HARD	HAZARDOUS MATERIALS MANAGEMENT SECTION 744 P STREET, SACRAMENTO, CA 95814	8040
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PHONE NO. 765-1010	CITY STATE, W. COVINA, CALL	E ZIP CODE CASIMARA 137
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INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.	CALIFURNIA HAZARDUUS WASTE MAN STATE DEPARTMENT OF HEALTH SERVICE HAZARDOUS MATERIALS MANAGEMENT SECT	
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CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

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RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.
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CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION

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CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

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SEE REVERSE SIDES FOR CALIFORNIA HAZARDOUS WASTE MANIFEST 363 -INSTRUCTIONS . PLEASE TYPE STATE DEPARTMENT OF HEALTH SERVICES OR PRINT CLEARLY. HAZARDOUS MATERIALS MANAGEMENT SECTION **₹** PRESS HARD 744 P STREET, SACRAMENTO, CA 95814 GENERATOR (GENERATOR MUST COMPLETE) (3) DESIGNATED TSD FACILITY ALTERNATE TSD FACILITY BENDIN CORP (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM) (2) NAME 5 3 3 4 EPA NO. NAME. NAME EPA NO. SHERMAN WAY BLVD **ADDRESS** EPA NO. CITY, STATE. NO. HOLLYWOOD, CA. 91605 **ADDRESS ADDRESS** CITY STATE, CITY, STATE (213)765-1010 PHONE NO 7.5 1 4 6 A PHONE NO PHONE NO. P.O. / CONTRACT NO ちんり クレックとペクコ WEIGHT OR VOLUME U. S. DOT HAZARD UN/NA CONTAINERS: NUMBER (5) U. S. DOT PROPER SHIPPING NAME A UNITS .500 WASTE DRUMS BAGS CARTONS TANK OTHER WASTE TRUCK. WASTE CATEGORY CLE TURO HT 1 GENERATING PROCESS MECHINE WILL 1 EX. HAZ. WASTE PERMIT NO. CONC. HANGE UNITS CONC. HANGE UNITS LIST COMPONENTS: UPPER UPPER LOWER LOWER Sidner # nov PPM PPM PPM - NONHAZARDOUS MATERIAL WASTE PROPERTIES: FLAMMABLE CORROSIVE ARRITANT CARCINOGEN/MUTAGEN PHYSICAL STATE SOLID / X LIQUID SLUDGE. SLURRY GAS SPECIAL HANDLING INSTRUCTIONS: GLOVES SOCCLES RESPIRATOR OTHER GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE ERAP Populario De Assistantes IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802. SIGNATURE OF AUTHORIZED AGENT & TITLE DATE SHIPPED TRANSPORTER (HAULER MUST COMPLETE) 2 NAME LIQUID WASTE MANAGEMENT JOB NO.

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CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

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CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

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SEE REVERSE SIDES FOR CALIFORNIA HAZARDOUS WASTE MANIFEST INSTRUCTIONS. PLEASE TYPE STATE DEPARTMENT OF HEALTH SERVICES OR PRINT CLEARLY. HAZARDOUS MATERIALS MANAGEMENT SECTION **PRESS HARD** 744 P STREET, SACRAMENTO, CA 95814 (GENERATOR MUST COMPLETE) **③ DESIGNATED TSD FACILITY** (4) ALTERNATE TSD FACILIT (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM) NAME EPA NO. EPA NO. ADDRESS EPA NO. 20 **ADDRESS ADDRESS** CITY, STATE, CITY, STATE. PHONE NO TEE 101 ZIP CODE PHONE NO. ORDER PLACED BY PHONE NO. P. O. / CONTRACT NO. UN/NA WEIGHT OR VOLUME U.S. DOT HAZARD CONTAINERS: NUMBER . Make the state of the s (1) U. S. DOT PROPER SHIPPING NAME. UNITS DUMP WASTE BAGS DRUMS CARTONS WASTE OTHER O DESCRIPTION OF APPRIENT AND A PROPERTY OF THE PROPERTY OF TH

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IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

SIGNATURE OF AUTHORIZED AGENT & TITLE

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TRANSPORTER | (HAULER MUST COMPLETE) NAME LIQUID WASTE MANAGEMENT JOB NO A D 0 0 0 0 7 2 C EPA NO. UNIT NO P.O. BOX 1082 ADDRESS

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CITY STATE SUN VALLEY, CALIFORNIA 91352 PHONE NO. (213) 767-4424

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PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

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CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

DATE ACCEPTED

PRESS HARD	744 P STREET, SACRAMENTO, CA 95814	03/7
GENERATOR (GENERATOR MUST COMPLETE)	① DESIGNATED TSD FACILITY	ALTERNATE TSD FACILITY
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CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES

HAZARDOUS MATERIALS MANAGEMENT SECTION

HAZARDOUS MATERIALS MANAGEMENT SECTION

AND STATE OF THE SACRAMENTO CA 95814

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CALIFORNIA HAZARD	OUS WASTE MANIFEST
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GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classifi	jed, described, packaged, marked, labeled, and are in proper condition for transportation according to the
applicable regulations of the Department of Transportation and EPA:	
IN THE EVENT OF A SPILL, CONTACT THE NATIONAL	ack Subervier Skiller Warfer 2 19-81
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CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
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IN THE EVENT OF A SPILL CONTACT RESPONSE CENTER, U. S. COAST GUARD		F AUTHORIZED AGENT & TITLE DATE SHIPPED
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SEE REVERSE SIDES FOR CALIFORNIA HAZARDOUS WASTE MANIFEST INSTRUCTIONS. PLEASE TYPE STATE DEPARTMENT OF HEALTH SERVICES OR'PRINT CLEARLY. HAZARDOUS MATERIALS MANAGEMENT SECTION クチョン 744 P STREET, SACRAMENTO, CA 95814 PRESS HARD GENERATOR (GENERATOR MUST COMPLETE) (4) ALTERNATE TSD FACILITY (3) DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM) ② NAME EPA NO. EPA NO. EPA NO. ADDRESS CITY, STATE **ADDRESS ADDRESS** CITY, STATE, CITY, STATE, PHONE NO PHONE NO. CONTRACT NO WEIGHT OR VOLUME UN/NA CONTAINERS: NUMBER (5) U. S. DOT PROPER SHIPPING NAME UNITS DRUMS CARTONS BAGS WASTE TANK OTHER WASTE GENERATING PROCESS **WASTE CATEGORY** O EX. HAZ. WASTE PERMIT NO. CONC. RANGE CONC. RANGE UNITS LIST COMPONENTS: UPPER LOWER 11 P. 1 V.) (SR)(Q*\$1) NONHAZARDOUS MATERIAL WATER FLAMMABLE CORROSIVE/IRRITANT CARCINOGEN/MUTAGEN ISOLID ISLUDGE SLURRY GAS GLOVES SPECIAL HANDLING INSTRUCTIONS: GOGGLES GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802. DATE SHIPPED TRANSPORTER | (HAULER MUST COMPLETE) M NAME LIQUID WASTE MANAGEMENT JOB NO CADOOOO EPA NO P.O. BOX 1082 **ADDRESS** CITY, STATE SUN VALLEY, CALIFORNIA 91352 PHONE NO. (213) 767-4424 SIGNATURE OF AUTHORIZED AGENT & TITLE TSD FACILITY (OPERATOR-MUST GOMPLETE) ge ① NAME HANDLING OR DISPOSAL METHOD: EPA NO. STATE FEE ()F ANY SURFACE IMPOUNDMENT **LANDFILL** INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT INJECTION WELL LAND TREATMENT TREATMENT (SPECIFY) IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY RECOVERY OR REUSE STORAGE/TRANSFER EPA NO.

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SIGNATURE OF AUTHORIZED AGENT & TITLE

REVISED 11/80

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SEE RÉVERSE SIDES FOR INSTRUCTIONS, PLEASE TYPE : OR PRINT CLEARLY.

CALIFORNIA HAZARDOUS WASTE MANIFEST STATE DEPARTMENT OF HEALTH SERVICES MATERIAL S MANAGEMENT SECTION

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SEE REVERSE SIDES FOR INSTRUCTIONS, PLEASE TYPE OR PRIMT CLEARLY. HAZARDOUS MATERIALS MANAGEMENT SECTION **PRESS HARD** 744 P STREET, SACRAMENTO, CA 95814 GENERATOR (GENERATOR MUST COMPLETE) (4) ALTERNATE TSD FACILITY (1) DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM) ② NAME EPA NO. NAME NAME EPA NO. EPA NO. ADDRESS CITY, STATE. ZIP CODE A. 11 - 7" / ADDRESS **ADDRESS** CITY, STATE, CITY STATE. PHONE NO PHONE NO. PHONE NO. P.O. / CONTRACT N U. S. DOT HAZARD WEIGHT OR VOLUME (5) U. S. DOT PROPER SHIPPING NAME UNITS CONTAINERS: NUMBER BAGS CARTONS garle DRUMS WASTE TRUCK OTHER WASTE 1 GENERATING PROCESS # LIFT **WASTE CATEGORY** EX. HAZ. WASTE PERMIT NO. CONC. RANGE UNITS CONC. RANGE UNITS LIST COMPONENTS UPPER LOWER LOWER NONHAZARDOUS MATERIAL FLAMMABLE CORROSIVE/IRRITANT WASTE PROPERTIES REACTIVE SENSITIZER CARCINOGEN/MUTAGEN PHYSICAL STATE Liquid SOLID SLUDGE SLURRY @ SPECIAL HANDLING INSTRUCTIONS: GOGGLES GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE N PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802. SIGNATURE OF AUTHORIZED AGENT & TITLE DATE SHIPPED TRANSPORTER (HAULER MUST COMPLETE) MAME LIQUID WASTE MANAGEMENT JOB NO. CADOO 0101 UNIT NO. P.O. BOX 1082 ADDRESS STATE SUN VALLEY, CALIFORNIA 91352 HONE NO. (213) 767-4424

SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

NAME

HANDLING OR DISPOSAL METHOD

SURFACE IMPOUNDMENT X LANDFILL INJECTION WELL TREATMENT (SPECIFY)

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9 INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

F WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

SIGNATURE OF AUTHORIZED AGENT & TITLE

DATE ACCEPT

SEE REVERSE SIDES FOR INSTRUCTIONS, PLEASE TYPE OR PRINT CLEARLY.

CALIFORNIA HAZARDOUS WASTE MANIFEST STATE DEPARTMENT OF HEALTH SERVICES HAZARDOUS MATERIALS MANAGEMENT SECTION 744 P STREET, SACRAMENTO, CA 95814

PRESS HARD	744 P STREET, SACRAMENTO, CA 95814	0507
GENERATOR (GENERATOR MUST COMPLETE)	① DESIGNATED TSD FACILITY	ALTERNATE TSD FACILITY
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ADDRESS 11000 SHERMAN WAY	EPA NO. (CAD O O / / / 6 O / / 4 D	EPA NO.
CITY, STATE, NO. BOLLYWOOD, CA., 91605	ADDRESS 2210 W. ASUSA AVE,	ADDRESS
PHONE NO. (2:1) 765-1010 x333	ZIP CODE W. COVINA CA.	ZIP CODE
ORDER PLACED BY WITH SPECIFICATION OF STREET 9.48	PHONE NO	PHONE NO.
CONTRACT NO.		
(3) U. S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD UN/NA WEIGHT UNITS	CONTAINERS: NUMBER
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WASTE	140 000	TANK OTHER
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WASTE CATEGORY CONC. RA	D EX. HAZ. WASTE PERMIT NO.	GENERATING PROCESS CONC. RANGE ONITS
	LOWER	UPPER LOWER
B /11 A + 1= 13	PPM E	% PPM
C was most discount and the	PPM G	% PPM
D	PPM NONHAZARDOUS MATERIAL	VATER 75% %
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SPECIAL HANDLING INSTRUCTIONS. SIGLOVES GOOGLE	S RESPIRATOR OTHER	
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IN THE EVENT OF A SPILL CONTACT THE NA RESPONSE CENTER, U. S. COAST GUARD 1-800-4		ORIZED AGENT & TITLE DATE SHIPPED
TRANSPORTER (HAULER MUST COMPLETE)		/ /
MAME LIQUID WASTE MANAGEMENT	JOB NO 0509	® PICK-UP DATE 7/22/32/
EPA NO. C A D 0 0 0 0 7 2 8 4 3	UNIT NO.	TIME AM DAM DAM
ADDRESS P.O. BOX 1082	1 2	
CITY, STATE. SUN VALLEY, CALIFORNIA 91352		7
PHONE NO. (213) 767-4424	6 of A face and	1 later of m
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SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE 363 202004 OR PRINT CLEARLY. HAZARDOUS MATERIALS MANAGEMENT SECTION **PRESS HARD** 744 P STREET, SACRAMENTO, CA 95814 GENERATOR ALTERNATE TSD FACILITY (3) DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM) ② NAME NAME EPA NO. NAME EPA NO. EPA NO. ADDRESS CITY, STATE ADDRESS **ADDRESS** CITY, STATE, CITY STATE, PHONE NO PHONE NO. PHONE NO. 11 1 mm P.O. / CONTRACT NO U.S. DOT HAZARD WEIGHT OR VOLUME CONTAINERS: NUMBER (5) U. S. DOT PROPER SHIPPING NAME UNITS DUMP WASTE DRUMS BAGS CARTONS TANK OTHER WASTE **O GENERATING PROCESS** WASTE CATEGORY 1 EX. HAZ. WASTE PERMIT NO CONC. HANGE CONC. RANGE UNITS LIST COMPONENTS UPPER LOWER UPPER LOWER "NONHAZARDOUS MATERIAL WASTE PROPERTIES CORROSIVE/IRRITANT SENSITIZER CARCINOGEN/MUTAGEN PHYSICAL STATE LIQUID SLURRY GAS OTHER SPECIAL HANDLING INSTRUCTIONS:
 One of the second seco GLOVES OTHER GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA. // IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802. TRANSPORTER | (HAULER MUST COMPLETE) PICK-UP DATE MAME LIQUID WASTE MANAGEMENT JOB NO. CADOOO 0 7 EPA NO. P.O. BOX 1082 ADDRESS CITY STATE SUN VALLEY, CALIFORNIA 91352 PHONE NO. (213) 767-4424 SIGNATURE OF AUTHORIZED AGENT & TITLE TSD FACILITY (OPERATOR MUST COMPLETE) ्रा कराह्म स ध्यारी है। TANDLING OR DISPOSAL METHOD ① NAME 1 QUANTITY (IF MEASURED) EPA NO. (STATE FEE (IF ANY) SURFACE IMPOUNDMENT LANDFILL MODICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT INJECTION WELL LAND TREATMENT TREATMENT (SPECIFY) IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: RECOVERY OR REUSE STORAGE/TRANSFER NAME EPA NO. REVISED 11/80 1 . Con Anothering press action and SIGNATURE OF AUTHORIZED AGENT & TITLE DATE ACCEPTED MAERATHIANT CONTRACTOR

CALIFORNIA	HATAKOOOD MADIE MANI	ILEO I	**
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CENEDATOD (GENERATOR) A Designated TSD Faci	lity (Authorized to operate under an	Av. 1 Table 1	· · · · · · · · · · · · · · · · · · ·
THE COLUMN CALL AND ADDRESS OF THE COLUMN CALL AND ADDRESS OF	am or tederal program J	4 Alternate TSD Facility	A CONTRACTOR OF THE CONTRACTOR
Name BREDIX CORP 146 L TOTAL DO CASE		Name	
EPA . CADIOLOMISIAISISISISIAICIAI			
Address Horth Hollywood 91605 and Address NTU Rd	805-937-8449	Address	Phone
City, State, Zip City, State, Zip		City, State, Zip	
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D. the said and granden be them will extreme and trefing	Non-Hazardous Materia	1.4	diene mar e 3
WASTE PROPERTIES: pH Toxic Flemmable Corrosive		ogen/Mutägen jardek @ uydoxs\\	Section 1997 to the section of the section 1997 to the section 199
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SPECIAL HANDLING INSTRUCTIONS: La Goggles 97 A Respirat		<u> </u>	
GENERATOR CERTIFICATION: This is to certify that the above named materials are pr	operty classified described packaged in	narked labeled and are in proper condition	n'i for transportation according to the
applicable regulations of the Department of Transportation and EPA.		shelles	9.
IN THE EVENT OF A SPILL, CONTACT THE NATIONAL	Joseph Landy	pervisor trades	9-15-81
RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802	The ding ried Agent and Title		Date Shipped
TRANSPORTER (1997)	Out the Control of th	alle	-181
TRANSPORTER (HAULER MUST COMPLETE) Mischer (Market Complete)		15 PICK-UP DATE	
TRANSPORTER NAME Containerized Chemical Disposal Inc.	EPA NO. C A T	0,0,0,6,1,1,4,8	Time AM DEM
ADDRESS P. O. Box 1142 Engine values GRT and its HONE (213) 445	3-5344 16 XXXX	uch Per	9/11/81
CITY, STATE, ZIP Monrovia, CA 91016	Signature of Author	ized Agent and Title	Date /
TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE) 1 \$57308	A Section of the sect	21 HANDLING OR DISPOSAL	L METHOD:
the first master qualitates	The state of the s	Surface Impoundment	
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	(II Ally)	☐ Treatment (Specify)	
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INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMEN	##マロック Paulin Time Paulin Time	Recycle	
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Designated TSD Facility Name 3 CO or resistance the Company of the	TAD AD ATT THE REST	EPA NO.	<u> </u>
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1983 MANIFESTS

-UNIFORM HAZARDOUS WASTE MANIFEST

PERMIT #3-2672

W.O.#3662

P.O.#8067-356147 (Please print or type with ELITE type (12 characters per inch). STATE ID NUMBER GENERATOR NAME AND MAILING ADDRESS MANIFEST DOCUMENT NUMBER **EPA ID NUMBER** BENDIX CORP/ELECTRODYNAMICS DIVN 11600 SHERMAN WAY, NO. HOLLYWOOD, CA., 91605 AREA CODE/PHONE NUMBER (213)765-1010 C| A| 850| 0| 8| 3| 2| 5| 3| 3| 4 TRANSPORTER NO. 1 **EPA ID NUMBER** VEH./CONTAINER NO. LIQUID WASTE MANAGEMENT (213)767-4424 SUN VALLEY, CA., 91352 0|0|0|0|1|9|6|3| CI AI DI OI OI OI OI 71 21 81 41 TRANSPORTER NO. 2/ALTERNATE TSD FACILITY **EPA ID NUMBER** TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY BKK LANDFILL **EPA ID NUMBER** 2210 AZUSA AVE. (213)965-0916 BY THE GENERATOR CI AI DI OI 61 71 7181 61 71 41 UN/NA TOTAL UNIT CONTAINER WASTE PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS NUMBER QUANTITY WT/VOL NO. ITYPE CAT. NO POTASSIUM CYANIDE 元之.こ. POISON B 0 0 300 G 0 2 WATER 0 0 9 0 0 z CONC RANGE UNITS FILLED COMPONENTS UPPER LOWER % ppm CYANIDE SOLUTION 3% 8 RECEI 900 G. TO REACH 6800 PPM VED WATER Plant Engineering SPECIAL HANDLING INSTRUCTIONS **GLOVES & GOGGLES** This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. MO. DAY YR. WALTER J. SPECK PRINTED OR TYPED FULL NAME AND SIGNATURE 01 813 ☐ CHECK IF CONTINUATION SHEET IS USED. NUMBER OF CONTINUATION SHEETS TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS DATE REC'D & ACCEPTED BE FILLED IN BY MO. DAY YR. PRINTED OR TYPED FULL NAME AND SIGNATURE ALBERT RAMIREZ ٠Û١ 1 8 8 3 TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS DATE REC'D & ACCEPTED 2 MO. DAY PRINTED OR TYPED FULL NAME AND SIGNATURE DISCREPANCY INDICATION SPACE FILLED B∀ Facility owner or operator: Certification of receipt of hazardous material covered by this manifest except as noted BE DATE REC'D & ACCEPTED in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions. PRINTED OR TYPED FULL NAME AND SIGNATURE

UNIFORM HAZARDOUS WASTE MANIFEST PERMIT # 3-2672

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	TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY BKK LANDFILL		*** **********************************	<u> </u>	EPA II			
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State of California-Health and Welfare Agency HAZARDOUS WASTE MANAGEMENT BRANCH UNIFORM HAZARDOUS WASTE MANIFES 714-744 P Street -Sacramento, CA 95814 PERMIT #3-4202 STATE ID NUMBER .#8067-3**602**14 Please print or type with ELITE type (12 characters per inch). GENERATOR NAME AND MAILING ADDRESS MANIFEST DOCUMENT NUMBER BENDIX CORP/ELECTRODYNAMICS **EPA ID NUMBER** 11600 SHERMAN WAY NO. HOLLYWOOD, CA., 91605 AREA CODE/PHONE NUMBER (213) 765-1010 TRANSPORTER NO. 1 LIQUID WASTE MANAGEMENT 1369 W. 9th ST. UPLAND, CA., 91786 (800)824-3345 TRANSPORTER NO. 2/ALTERNATE TSD FACILITY . 4540 1. TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY **EPA ID NUMBER** BKK LANDFILL FILLED IN BY GENERATOR **2210 AZUSA** W. COVINA, CA AREA CODE/PHONE NUMBER (213)965-0916 UNIT UN/NA TOTAL WASTE PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS WT/VOL NUMBER QUANTITY TYPE CAT. NO.M HAZARD WASTE LIQUID-ORMEAN O 2 CONC. RANGE UNITS **COMPONENTS** LOWER % XXX 20 CALCIUM FLOURIDE CALCIUM NITRATE วก 60% WATER SPECIAL HANDLING INSTRUCTIONS **GLOVES & GOGGLES** This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA MO. DAY YR. Printed or typed full name and signature Check if continuation sheet is used. Number of continuation sheets TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES MO. BE FILLED IN TRANSPORTER DATE YR DAY REC'D & ACCEPTED Printed or typed full name and signature LAWRENCE 8,3 NA VEG. TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES DATE REC'D 유놂 ACCEPTED Printed or typed full name and signature DISCREPANCY INDICATION SPACE ハ.22 FILLED 7 TSDF . ₩ DATE RECEIVED & ACCEPTED Facility owner or operator: Certification, of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. MO. DAY

ORM NO DHS-8022A 11 92

Printed or typed full name and signature

Department of Health Service UNIFORM HAZARDOUS WASTE MANIFEST Sacramento, CA 95814 P.O.#8067-360663 Please print or type with ELITE type (12 characters per inch). GENERATOR NAME AND MAILING ADDRESS MANIFEST DOCUMENT NUMBER BENDIX CORP/ELECTRODYNAMICS EPA ID NUMBER 11600 SHERMAN WAY NO. HOLLYWOOD, CA., 91605 (213)765-1010 C | A | D | O | O | 8 | 3 <u>| 2 | 5 | 3 | 3 | 4</u> TRANSPORTER NO. 1 VEH./CONTAINER NO. **EPA ID NUMBER** LIQUID WASTE MANAGEMENT (DISPOSAL CONTROL SERVICE) 1369 W.9th ST. UPLAND, CA. 91786 (800)824-3345 14 7 8 8 TRANSPORTER NO. 2/ALTERNATE TSD FACILITY V.EH./CONTAINER NO. **EPA ID NUMBER** TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY EPA ID NUMBER BKK LANDFILL 2210 AZUSA FILLED IN BY GENERATOR W. COVINA, CA. AREA CODE/PHONE NUMBER (213) 965-0916 C | A | D | O | 6 | 7 | 7 | 8 | 6 | 7 | 4 **TOTAL** UNIT CONTAINER UN/NA WASTE D PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS NUMBER QUANTITY WT/VOL NO. TYPE CAT. NO.M CORROSIVE CHROMIC ACID CONC. RANGE UNITS COMPONENTS **UPPER** LOWER % CHROMIC ACID 12 RECEIVED NOV 21 1983 SPECIAL HANDLING INSTRUCTIONS Plant Engineering **GLOVES & GOGGLES**

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA

Printed or typed full name and signature WALTER J

Check if continuation sheet is used. Number of continuation sheets TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

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Printed or typed full name and signature TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

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Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. instructions.

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14-744 P Street acramento. CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

W.O.#2251

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UNIFORM HAZARDOUS WASTE MANIFEST,

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UNIFORM HAZARDOUS WASTE MANIFEST

4-744 P Street

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AZARDOUS WASTE MANAGEMENT BRANCH icramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

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rate of California Health and Welfare Agency
AZARDOUS WASTE MANAGEMENT BRANCH
44 P Street

DBM NO ITHS 8000A 11 30

UNIFORM HAZARDOUS WASTE MANIFEST R E C E I V E D

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UNIFORM HAZARDOUS WASTE MANIFEST

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AZARDOUS WASTE MANAGEMENT BRANCH

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GENERATOR NAME AND MAILING ADDRESS

83199562

STATE ID NUMBER

UNIFORM HAZARDOUS WASTE MANIFEST

14-744 P Street

acramento, CA 95814

MINO DHS-8022A 11/82

MANIFEST DOCUMENT NUMBER BENDIX COMP/ELECTRODYNAMICS EPA ID NUMBER 11600 SHERMAN WAY NO HOLLYWOOD, CA., 91605 AREA CODE/PHONE NUMBER (213) 765-2020 0 4 0 0 0 8 3 2 5 3 3 4 0 0 0 5 TRANSPORTER NO. 1 WYEH./CONTAINER NO.... EPA ID NUMBER OIL & SOLVENT PROCESS CO 1704 FIRST ST. AZUSA, CA., 91702 (213)334-5117 CIADDDBBBD219b TRANSPORTER NO. 2/ALTERNATE TSD FACILITY EPA ID NUMBER V.EH./CONTAINER NO. GENERAL PORTLAND PO: Box 1247 93243 (805) 248-6733 LEBEC, CA CA X1010010110015 TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY OIL A SOLVENT PROCESS CO GENERATOR 1704 FIRST ST AZUSA, CA., 91702 AREA CODE/PHONE NUMBER (213)334-5117 C IA D D D IB I3 D 12 19 10 UN/NA TOTAL UNIT CONTAINER | WASTE | DI PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS ₽ NUMBER QUANTITY WT/VOL NO. TYPE CAT. NO. ME Z FILLED U | N | 1 | 9 | 9 | 3 | 0 | 0 | 0 | 2 | 5 0 0 11 0 14 12 11 12 WASTE FLAMMABLE LIQUID N.O.S. 2 CONC. RANGE UNITS COMPONENTS UPPER LOWER PPN PAINT RELATED MATERIAL RECEIVED NOV 21 1983 SPECIAL HANDLING INSTRUCTIONS Plant Engineering MAKE SURE BUNGS ARE TIGHT AND THAT DRUMS ARE NOT LEAKING This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA MO DAY YR. Printed or typed full name and signature R. J. SLATTERBECK 8 3 Check if continuation sheet is used. Number of continuation sheets TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES) BE FILLED IN TRANSPORTER DATE MO. DAY YR. REC'D & ACCEPTED Printed or typed full name and signature TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES DATE MO. REC'D 요 Printed or typed full name and signature ACCEPTED DISCREPANCY INDICATION SPACE BE BY Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the DATE RECEIVED & ACCEPTED discrepancy indication space above. Note: TSDF must complete waste number. **EPA ID NUMBER** MO. Printed or typed full name and signature

UNIFORM HAZARDOUS WASTE MANIFEST

State of California - Health and Welfare Agency HAZAROOUS WASTE MANAGEMENT BRANCH 714-744 P Street Sacramento, CA 95814

Printed or typed full name and signature

ANO DHS-8022A 11/82

RECEIVED 83199561 STATE ID NUMBER Please print or type with ELITE type (12 characters per inch). NOV 1 0 1983 GENERATOR NAME AND MAILING ADDRESS MANIFEST DOCUMENT NUMBER BENDIX CORP/ELECTRODYNAMICS EPA ID NUMBER 11600 SHERMAN WAY Plant Engineering NO. HOLLYWOOD, CA.. 91605 AREA CODE/PHONE NUMBER (213) 765-1010 CIAIDIO 0 8 3 2 5 3 3 4 6 6 6 6 1 TRANSPORTER NO. 1 VEH/CONTAINER NO. EPA ID NUMBER OIL & SOLVENT PROCESS CO. 1704 WEST FIRST ST. AZUSA, CA., 91702 (213)334-5117 CIAIDI010181310121916 TRANSPORTER NO. 2/ALTERNATE TSD FACILITY V.EH./CONTAINER NO. EPA ID NUMBER TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY OIL & SOLVENT PROCESS CO. BE FILLED IN BY GENERATOR 1704 WEST FIRST ST. AZUSA , CA., 91702 AREA CODE/PHONE NUMBER (213)334-5117 C (A ID 10 10 18 13 10 1999 10 UN/NA TOTAL UNIT CONTAINER WASTE D PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS WT/VOL NUMBER QUANTITY NO. TYPE CAT. NO.M WASTE FLAMMABLE LIQUID N.G.S. UNIT 9 19 13 10 10 14 15 10 0 10 19 DMM 12 11 12 **CONC. RANGE** UNITS COMPONENTS UPPER LOWER PP KETONES 32 28 **ALIPHATICS** 27 23 **ALCOHOLS** 12 8 7 AROMATICS 17 13 NON-VOLATIVE MATERIAL 18 SPECIAL HANDLING INSTRUCTIONS MAKE SURE THAT BRUNK BUNGS ARE TIBHT AND THAT DRUMS ARE NOT LEAKING This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA MO. DAY YR R. J. SLATTERBECK 2 5 Printed or typed full name and signature Check if continuation sheet is used. Number of continuation sheets TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES DATE MO. YR) BE FILLED IN TRANSPORTER REC'D 10 25 ACCEPTED Printed or typed full name and signature TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES DATE MO. DAY REC'D 유 ACCEPTED Printed or typed full name and signature DISCREPANCY INDICATION SPACE TSDF BE BY Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the DATE RECEIVED & ACCEPTED discrepancy indication space above. Note: TSDF must complete waste number. EPA ID NUMBER MO. See instructions.

UNIFORM HAZARDOUS WASTE MANIFEST

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STATE ID NUMBER

HAZARDOUS WASTE MANAGEMENT BRANCH. 714-744 P Street -

UNIFORM HAZARDOUS WASTE MANIFEST

4.0.45 3acramento, CA 95814 83356800 STATE ID NUMBER Please print or type with ELITE type (12 characters per inch). GENERATOR NAME AND MAILING ADDRESS MANIFEST DOCUMENT NUMBER BENDIX CORP. FPA ID NUMBER 11600 Sherman Way No. Hollywood, CA. 91605 AREA CODE/PHONE NUMBER (213) 765-1010 / 877-2881 <u>orteriendo da ciada de la cia</u> TRANSPORTER NO. 1 VEH./CONTAINER NO. EPA ID NUMBER INDUSTRIAL WASTE ENGINEERING P.O. Box 6127 Long Beach, Ca. 90806 (213) 518-5201 010 10 14 12 19 13 13 C 14 IT 10 18 10 10 12 19 16 17 TRANSPORTER NO. 2/ALTERNATE TSD FACILITY V.EH./CONTAINER NO. BKK CORP. 2210 S. Azusa West Covina, CA. 91702 CIA 10 10 16 17 17 18 16 17 14 EPA 10 NUMBER (213) 965-0911 TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY CHEMICAL WASTE MANAGEMENT INC. BE FILLED IN BY GENERATOR U.S. Highway 41 Kettleman City, REA CODE/PHONE NUMBER <u>(209) 386-9711</u> CIAIT 10 10 10 16 14 16 11 11 TOTAL UNIT UN/NA CONTAINER WASTE PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS NUMBER QUANTITY WT/VOL TYPE CAT. NO. N CONC. RANGE 6 UNITS COMPONENTS UPPER LOWER PF % 1551UM (YANIAL ILAD Pack 80 SPECIAL HANDLING INSTRUCTIONS MASTER MANIFEST #83356821 TRANSFERRED TO 83356821 COUCLALLS This is to certify that the above-named wastes are properly classified, described, packaged marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA. MO. YR. DAY Bendix Corp. Printed or typed full name and signature 2.547723 \$ 12 Check if continuation sheet is used. Number of continuation sheets TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES MO. DATE BE FILLED IN DAY REC'D Indust. Waste Engr.
Printed or typed full name and signature ACCEPTED 12 TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES DATE MO DAY REC'D 유 ACCEPTED Printed or typed full name and signature DISCREPANCY INDICATION SPACE **** Empty Drums crushed and transferred to Master Manifest #83357116 FILLED , TSDF BE BY Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the DATE RECEIVED & ACCEPTED

discrepancy indication space above. Note: TSDF must complete waste number. EPA ID NUMBER MO. DAY

CHEMICAL WASTE MANAGEMENT Printed or typed full name and signature

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HAZO DOUS MATERIALS MANAGEMENT SECTION 744 P Street

UNIFORM HAZARDOUS WASTE MANIFEST

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io Inc	2210 AZUSA AVE., W. COVINA, CA., AREA CODE/PHONE NUMBER (213) 965-0916	· · · · · · · · · · · · · · · · · · · ·	H31 (1		១០១		
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SEE REVERSE SIDES FOR INSTRUCTIONS PLEASE TYPE OR PRINT CLEAR DESCRIPTION OF THE PRINT CLEAR

CALIFORNIA HAZARDOUS WASTE MANIFEST STATE DEPARTMENT OF HEALTH SERVICES HAZARDOUS MATERIALS MANAGEMENT SECTION

363 –	311	
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DATE ACCEPTED

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GENERATOR (GENERATOR MUST COMPLETE)	DESIGNATED TSD FACILITY							
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HAZARDOUS MATERIALS MANAGEMENT SECTION 744 P Street Sacramento, CA 95814

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HAZARDOUS MATERIALS MANAGEMENT SECTION 744 P Street Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

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	Bendix Electrodynamics 11600 Sherman Way, No. Hollywood, Ca.,) ارب اس 01608			EPA ID N	UMBER			
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HAZARDOUS MATERIALS MANAGEMENT-SECTION 744 P Street Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

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(Please	print or type with ELITE type (12 characters per inch). p.o. #8	067-257109	STA	TE ID NUME	3ER 82	2695	75				
	GENERATOR NAME AND MAILING ADDRESS BENDIX CORP./ELECTRODYNAMICS DIVN. 11600 SHERMAN WAY	•			DOCUMENT N NUMBER						
	ANDA CHOLLYHOOD WIGHTS 91605 (213) 765-10	10	GAI	0,0,0,8,3	3 2 5 3 3	4	1 1 1				
	TRANSPORTER NO. 1		H./CONTAINE		EPA ID N						
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	BKK LANDFILL		y. •		ÉPA ID N	ÚMBEŘ	137				
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OH.	ANEA COVENA ONEANUMBER (2130 965-0916			C A	U D 0 6 7	7 8 6	7 4 9				
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	This is to certify that the above-named materials are properly classifi portation according to the applicable regulations of the Department o			and labeled, a	nd are in prope	r conditio	n for trans-				
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HAZARDOUT MATERIALS MANAGEMENT SECTION 744 P Street Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIEEST

W.O. 1640

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Please	print or type with ELITE type (12 characters per inch). P.0.#8067-257109 STATE I			D NUME	NUMBER 8269577						
	GENERATOR CORP/ELECTRODYNAMICS DIVN.				MANIFEST DOCUMENT						
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BE FILLED IN BY THE GENERATOR	PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/N NUMB	ER	TOTAL QUANTITY	UNIT WT/VOL	CONTA	INER TYPE		NASTE AT. NO.		
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	This is to certify that the above-named manufals are properly classified, described, packaged, marked and labeled, and are in proper condition for trans										
	portation according to the applicable regulations of the Department of Transportation and the EPA.										
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BE BY	Facility owner or operator: Certification of receipt of hazardous material covered by this manifest except as noted DATE REC'D & ACCEPTED in the discrepancy indication space above, Note: TSDE must complete waste number. See instructions.										
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Department of Health Services

HAZARDOUS MATERIALS MANAGEMENT SECTION 744 P Street Sacramento, CA 95814

3585 UNIFORM HAZARDOUS WASTE MANIFFERTY 16 1983

N.O. 1747

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					DOCUME	NT NU	MBER	l			
	11600 SHERMAN WAY			EPA ID NUMBER							
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11	LIQUID WASTE MANAGEMENT	VEH.	/CONTAINER N	0.	EPA	ID NUN	/BER				
	SUN VAKLEY, CA., 91352	0 0	0 0 1 9 6	3 C A							
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	TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY BKK LANDFILL	2			EPA						
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TO BE	WATER SOLUBLE OILS										
Ť	OILS, OTHER (20 %) & WATER (70%)		•	90			x				
	WATERX SOLVENTS			100			X				
	SPECIAL HANDLING INSTRUCTIONS										
	GLOVES & GOGGLES										
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	This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA.										
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UNIFORM HAZARDOUS VASTE MANIFEST

311:

Sacramento, CA 95814 111.04 = 103 115 (Please print or type with ELITE type (12 characters per inch). 14 6. 11 /// STATE ID NUMBER GENERATOR NAME AND MAILING ADDRESS DIVN. MANIFEST DOCUMENT NUMBER **EPA ID NUMBER** 11600 SHERMAN WAY MOLAHOLLYHOOD NICABER 91605 (213) 765-1010 CIAIDIOIOI8131215131314 TRANSPORTER NO. 1 VEH./CONTAINER NO. **EPA ID NUMBER** LIQUID WASTE MANAGEMENT C, A, D, O, O, O, O, 7, 2, 8, 4 SUN VALLEY, 91352 TRANSPORTER NO. 2/ALTERNATE TSD FACILITY **EPA ID NUMBER** EPC WESTSIDE DISPOSAL HIGHNAY 33. FELLOWS, CA. 93301 TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY (805)399-8087 CI AI TI OI 81 OI OI 11 OI 21 81 3 EPA ID NUMBER BKK LANDFILL 10 अविद्या (१०५) १६४९ राजनात्रक (213)965-0916 2210 AZUSA AVE., W. COVINA, CA., 38643 U.S. 65 AREA CODE/PHONE NUMBER TO BE FILLED IN BY THE GENERATOR CI AI DI 01617171816171419 CONTAINER UNIT LIN/NA TOTAL WASTE PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS NO. |TYPE CAT. NO WT/VOL NUMBER QUANTITY WILL + WATER WHSTE 04/10/0 FLAMMABLE CONC RANGE UNITS UPPER LOWER % ppm Ą 10 ۱۶ شیر ر سد د *۱۵* SPECIAL HANDLING INSTRUCTIONS GLOVES + GOSTAGO This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. DAY YR. PRINTED OR TYPED FULL NAME AND SIGNATURE CHECK IF CONTINUATION SHEET IS USED. NUMBER OF CONTINUATION SHEETS TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS DATE REC'D & ACCEPTED TO BE FILLED IN BY TRANSPORTER MO. DAY YR. PRINTED OR TYPED FULL NAME AND SIGNATURE TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS DATE REC'D & ACCEPTED PRINTED OR TYPED FULL NAME AND SIGNATURE DISCREPANCY INDICATION SPACE TO BE FILLED IN BY TSDF Facility owner or organization: Certification of receipt of hazardous material covered by this manifest except as noted in the state of DATE REC'D & ACCEPT EPA ID NUMBER HATURE

Original-White-Disposer lend to DHS; Green-Hauler; Yellow-Disposer; Pink-Generator

HAZARDOUS MATERIALS MANAGEMENT SECTION 744 P Street Sacramento, CA 95814

__UNIFORM HAZARDOUS WASTE MANIFEST

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(Please	print or type with ELITE type (12 characters per inch). P.0 #80	67-257109)	STATE I	D NUME	ER	32 6	95	582			
	GENERATOR NAME AND MAILING ADDRESS BENDIX CORP/ELECTRODYNAMICS DIVN				NIFEST EPA ID N	DOCUME	NT NU	MBE	3			
	11600 SHERMAN WAY, NO. HOLLYWOOD, CA., 9	1605			<u> </u>	OMBLA						
	AREA CODE/PHONE NUMBER (213) 765-1010 TRANSPORTER NO. 1			C A D O								
	LIQUID WASTE MANAGEMENT	ŀ	VEH.	CONTAINER N	NO. EPA ID NUMBER							
	SUN VALLEY, CA., 91352 (213) 767-442	4	0 0	00/19/6	Z C A							
	TRANSPORTER NO. 2/ALTERNATE TSD FACILITY			1		EPA ID NUMBER						
.				<u> </u>								
	TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY BKK LANDFOLL TOTAL TOTA											
	2210 AZUSA AVE., W. COYINA, CA., (212) DEE COTE											
GENERATOR	AREA CODE/PHONE NUMBER	1 1001/01	- (6	TOTAL	UNIT	D D 6			7 4 9			
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10												
	OILS, OTHER	· 			20			X				
	WATER				70			x				
	SPECIAL HANDLING INSTRUCTIONS											
	GLOVES & GOGGLES											
	This is to certify that the above-named materials are properly classifi portation according to the applicable regulations of the Department of	ied, described,	packa:	ged, marked and	labeled, a	nd are in p	roper c	ondit	ion for trans			
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TO BE FILLED IN BY TSDF				Plant E	nginee	ring						
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UNIFORM HAZARDOUS WASTE MANIFEST

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(Please	print or type with ELITE type (12 characters per inch).	67- 7	1/2 STATE II	D NUMB	ER 8	269	584			
	GENERATOR NAME AND MAILING ADDRESS BENDIX CORP/ELECTRODYNAMICS DIVN		МА		DOCUMEN	T NUME	ER			
	11600 SHERMAN WAY AREA CODE PHONE NOMBER 91605 (213) 765-16		CIAIDIO							
	LIQUID WASTE MANAGEMENT SUN VALLEY, CA., 91352 (213)767-4424		al of only letel		C A D 0 0 0 0 7 2 8 4 3					
	TRANSPORTER NO. 2/ALTERNATE TSD FACILITY				ÉPA II	NUMB	ER			
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10 CF	BKK LANDFILL 2210 AZUSA AYE., W. COYINA, CA. (2) AREA CODE/PHONE NUMBER	213) 965 - 091	16	C A		71 7 1 0	nd <u>1</u>			
RATO	PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL	UNIT WT/VOL	CONTAIN NO.	VER	WASTE CAT. NO.			
THE GENERATOR	WASTE OU + WATER	7 79 7 3 2 8	2 d 1 (lolo	<u> </u>	201	7				
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	Francis + Garages			······································	Plant					
	This is to certify that the above-named materials are properly classific portation according to the applicable regulations of the Department of	ed, described, pack f Transportation an	aged, marked and did the EPA.	iabeled, ar	nd are in pro	per con	iltion for trans			
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D BE FILLED IN TRANSPORTER	TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOV	E MATERIALS		· · · · · · · · · · · · · · · · · · ·	DATE		ACCEPTED			
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	DISCREPANCY INDICATION SPACE					. .	2.43			
O BE FILLED IN BY TSDF	[193]			1.	<u> </u>	27	72			
TO BE	Facility owner or operator: Certification of receipt of hazardous main the discrepancy Indication space above. Note: TSDF must complet	aterial covered by t e waste number. Se	nis manifest excep se instructions.	t as noted	DATE	REC'D	& ACCEPTED			
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UNIFORM HAZARDOUS WASTE MANIFEST

744 P Street

W.O #1666

ento, CA 95814 print or type with EL!TE type (12 charact	P.0.#8067-257	109		STATE ID N	UMBER	830	67	578	ł
GENERATOR NAME AND MAILIN					ANIFEST				-
BENDIX CORP/ELECTROD 11600 SHERMAN WAR NO. HOLLYWOOD, CA.,	01605			EF	A ID NUM	MBER			
AREA CODE/PHONE NUMBER	(213) 765-1010			CIAIDIOIO	18 3 2	<u> 15 13 13</u>	باها		
TRANSPORTER NO. 1	~		VEH.	CONTAINER N	0.	EPA	וט אטא	ABER	
LIQUID WASTE MANAGEM SUN VALLEY, CA., (2	ENT 13) 767-4424								
	*					وا وا وا	ا وا وا	7 2 1	<u>8 14</u>
DISPOSAL CONTROL SER 1627 W. 9th ST. UPLAND, CA., 91786				CONTAINER N		EPA	, IĎ NŪ!	MBER	
TREATMENT, STORAGE, OR DISE	POSAL (TSD) FACILITY		ماه	بجاعلى اعلاما	CA	15 10 18 EPA	10 00	3 4 1	1 8
BKK LANDFILL 2210 AZUSA AVE. AREA CODE PRONE NUMBER PROPER U.S. D.O.T. SHIPPIN	213) 965-0916 G NAME AND HAZARD CLASS	UN/NA NUMBEF		TOTAL QUANTITY	C A UNIT WT/VOL	D O 6 CONTA		WAST	
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			L		CONC	. RANGE		UNI	TS
	COMPONENTS				UPPER	LOW	/ER	%	PF
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MITER SECOND CILS	······································				10		\neg	-X	·
OILS, OTHER					20			X	
WATER	b.				70				
SPECIAL HANDLING INSTRUCTION	ONS				70	!		-X	
GLOVES & GOGGLES This is to certify that the above-name in proper condition for transportation	ed wastes are properly classified, describ n according to the applicable requireme	oed, packaged, ma ents of the Depart	irked a	and labeled, and a	· —				
and the EPA.	Valor Lagre				^	10.	DAY		YR.
Printed or typed full name and signar					ول	لها	اراوا		جلع
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	ition of receipt of hazardous waste cove		fest ex	cept as noted	DA	ATE RECI	EIVED (ACCE	PTE
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Printed or typed full name and signature

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	ilifornia-Health and Welfare Agency		1	pe 9/19	183	Department of		
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	o, CA 95814	358	15					_
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 -	11600 SHERMAN WAY				A ID NONE	—————		
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	UPLAND, CA., 91786		1			T 0 0 0		
61	III (800) 824-3345		0 10	0017218	10 EV	וטאטו	<u> م در ن</u>	Ţ
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	TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY		- 	t _a		EPA ID I	NUMBER	
	BKK LANDFILL							
5	2210 AZUSA			1 S. F. S.				
ERA	W. COVINA, CA AREA CODE/PHONE NUMBER (213) 965-0916			· .		N 10 is 19 1	- lo lo l	_
GENERATOR		UN/N/	Δ	TOTAL	UNIT	D 10 16 17 1 CONTAINEI		<i>[</i>
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	This is to certify that the above-named wastes are properly classified, describe							-
	proper condition for transportation according to the applicable requirements of the	he Department of	f Transp	ortation and the	EPA. M	O. DA	· <u>Y</u>	
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	Printed or typed full name and signature	The state of the s	-c.ye		0	0 0	a()	
	Check if continuation sheet is used. Number of continuation sheets TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES	- Armen			ATE M	O. D.	<u>.</u> -	
TO BE FILLED IN BY TRANSPORTER	DANDIL BUIEN	The state of the s			EC.D		``]	
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BE FILLED BY TSDF		·						ŀ
BE BY	Facility owner or operator: Certification of receipt of hazardous waste covered to discrepancy indication space above./Note: TSDF must complete waste number.					ATE RECEIVED		ţ
ნ ₹ ″	See instructions.	E	PA ID N	IUMBER	M	O. DA	,Y	F
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	Trinted of typed the name and signature			L	للللث	لطللا		1

te of California-Health and Welfare Agency

4-744 P	US WASTE MANAGEMENT BRANCH Street . CA 95814 UNIFORM HAZARDOUS	WASTE MAI	NIFEST			00	urset d	n disa	
ase print	or type with ELITE type (12 characters per mch). P.0.48067-2571	LO G		STATE ID NU	MBER	<u> </u>	121	*30	U
	GENERATOR NAME AND MAILING ADDRESS			MA	ANIFEST I	DOCUMEN	IT NUMB	ER	
	BENDIX CORP/ELECTRODYNAMICS 11600 SHERMAN WAY NO HOLLYWOOD CA 91605	2,56-)	EP	A ID NUM	MBER		-	
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} ,	TRANSPORTER NO. 2/ALTERNATE TSD FACILITY		V.EH.	CONTAINER NO	30.	EP	טא פו A	MBER	
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OR	BKK LANDFILL 2210 AZUSA					L	A 10 NO	WIDEN	
RAT	L COVING CA				C. 6				. 7
BY GENERATOR	PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/N.		TOTAL QUANTITY	UNIT WT/VO		AINER	WAS CAT. I	TE [
en Z		1					+	1	
FILLED IN	WASTE OIL & WATER MOS Combustable	UNTE	70	0 3 5 0 0	G	Oloi	1 TIC	212	2
BE F	0 '	<u> </u>			<u></u>		11		
5	COMPONENTS					C. RANGE			NITS
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	WATER SOLUBLE OILS				10			_ X	 -
	OILS, OTHER				20	1	-	٧	
	WATER	REC	E	VED	70			Y	
		007	T 26	1983				*	
	SPECIAL HANDLING INSTRUCTIONS	Plant	Engir	neering		-			
	GLOVES & GOGGLES								
	This is to certify that the above-named wastes are properly classified, described proper condition for transportation according to the applicable requirements of the				PA r	MO.	DAY]	YR.
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	☐ Check if continuation sheet is used. Number of continuation sheets				·	-	6 6		
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10 BY	Printed or typed full name and signature	100			& EPTED	,			
	DISCREPANCY INDICATION SPACE						<u>-</u>		
TO BE FILLED IN BY TSDF				13.61	-				
8E F BY T	Facility owner or operator: Certification of jeceipt of hazardous waste covered by	this manifest	except as	s noted in the		DATE REC	EIVED 8	ACCEF	TED
75 18	discrepancy indication space above. Note: TSDF must complete waste number see instructions.	E	EPA ID N	UMBER		MO.	DAY] '	YF
	Phinted or typed full name and signature	CADO	1617	78674	7 6	191	25		8

se print or type with ELITE type (12 characters per inch).

UNIFORM HAZARDOUS WASTE MANIFEST

-744 P Street ramento, CA 95814

-357 \$3€ ID NUMBER

GENERATOR NAME AND MAILING ADDRESS MANIFEST DOCUMENT NUMBER BENDIX CORP/ELECTRODYNAMICS **EPA ID NUMBER** 11600 SHERMAN WAY NO. HOLLYWOOD, CA., 91605 AREA CODE/PHONE NUMBER (213)765-1010 TRANSPORTER NO. 1 EPA-ID NUMBER LIQUID WASTE MANAGEMENT 1369 W. 9th ST. UPLAND, CA., 91786 (800)824-3345 CIAIT | OIR | O | O | 3 | 4 | 1 TRANSPORTER NO. 2/ALTERNATE TSD FACILITY TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY EPA ID NUMBER **BKK LANDFILL** 2210 AZUSA AREA CODE PHONE NUMBER C, A, D, O, 6, 7, 7, 8, 6, 7, 4, WASTE DIS UN/NA TOTAL UNIT CONTAINER PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS В NUMBER WT/VOL QUANTITY TYPE CAT. NO. MET WASTE OIL + WATER UINI/12/70 013500 001 CONC. RANGE UNITS COMPONENTS UPPER LOWER PPM WATER SOLUGIE OILS OILS OTHER WATER 70 SPECIAL HANDLING INSTRUCTIONS **GLOVES & GOGGLES** This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA. MO. SPECK WHATER Printed or typed full name and signature ☐ Check if continuation sheet is used. Number of continuation sheets TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES DATE MO BE FILLED IN TRANSPORTER DAY REC'D Printed or typed full name and signature ACCEPTED TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES DATE REC'D RECEIVED 유입 ACCEPTED Printed or typed full name and signature NOV 1 4 1983 DISCREPANCY INDICATION SPACE TO BE FILLED IN BY TSDF Plant Engineering DATE RECEIVED & ACCEPTED Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDE-must complete waste number. EPA ID NUMBER DAY See instructions Printed or typed full name and signature

RM NO. DHS-8022A 11/82

W.O.#2241

acramento, CA 95814 83211383 P.O.#8067-257109 STATE ID NUMBER lease print or type with ELITE type (12 characters per inch). GENERATOR NAME AND MAILING ADDRESS MANIFEST DOCUMENT NUMBER BENDIX CORP/ELECTRODYNAMICS EPA ID NUMBER 03 585 11600 SHERMAN WAY NO. HOLLYWOOD, CA., 91605 AREA CODE/PHONE NUMBER (213)765-1010 VEH./CONTAINER NO. TRANSPORTER NO. 1 LIQUID WASTE MANAGEMENT (DISPOSAL CONTROL SERVICE) 1369 W. 9th ST. UPLAND, CA., 91786 (800)824-3345 TRANSPORTER NO. 2/ALTERNATE TSD FACILITY TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY BKK LANDFILL FILLED IN BY GENERATOR 2210 AZUSA AREA CODE/PHONE NUMBER (213)965-0916 TOTAL UN/NA PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS NUMBER WT/VOL QUANTITY CAT. NO. M TYPE WASTE OIL & WATER U|N|1|2|7|0|0|3|5|0|0 $0 \mid 0 \mid 1$ CONC. RANGE UNITS COMPONENTS **UPPER** LOWER WATER SOLUBLE OILS 10 L RECEIVED OILS, OTHER 20 NOV 23 1983 WATER 70 Plant Engineering SPECIAL HANDLING INSTRUCTIONS **GLOVES & GOGGLES** This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA. YR. MO. DAY Printed or typed full name and signature NALTER J. SPECK or R.J. SLATTERBECK Check if continuation sheet is used. Number of continuation sheets TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES DATE MO DAY REC'D 31 FILLED Printed for typed full name and signature ACCEPTED 1 0 TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES DATE MÕ REC'D 유 ACCEPTED Printed or typed full name and signature DISCREPANCY INDICATION SPACE Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. BE BY DATE RECEIVED & ACCEPTED 2 ≥ Printed or typed full name and signature

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HAZARDOUS MATERIALS MANAGEMENT SECTION 744 P Street Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

(Please	print or type with ELITE type (12 characters per inch).		STATE I	D NUMB	ER 826	39585				
	GENERATOR NAME AND MAILING ADDRESS BENDIX ELECTRODYNAMICS			NIFEST D	DOCUMENT NU	MBER				
	11600 SHERMAN WAY	10								
	NO HOLLYWOOD NUMBER 91605 (213)765-10	·	C A D O		2 5 3 3 4 EPA ID NUI	4050				
	BENDIX ELECTRODYNAMICS	0.	EFA ID NO	MOCH						
	(SAME AS ABOVE)									
	TRANSPORTER NO. 2/ALTERNATE TSD FACILITY				EPA ID NUI	MBER				
		·								
	TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY BENDIX OCEANICS				EPA ID NUM	MBER				
	15825 ROXFORD ST. SYLMAR, CA., 91342									
TOR	AREA CODE/PHONE NUMBER	UN/NA	TOTAL	UNIT	CONTAINER	WASTE				
ERA	PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	NUMBER	QUANTITY	WT/VOL	NO. TYPE					
THE GENERATOR	ACCELERATOR 19 CORROSIVE		0 0 0 3 0	G	DF	1 1 2				
FILLED IN BY TH	DIAZO 20 AMMONIA CORROSIVE	U N 2 0 7 3	0 10 10 10 15	G	D F	122				
ED II	COMPONENTS			CONC. UPPER	RANGE . LOWER	UNITS ppm				
וררו										
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	SPECIAL HANDLING INSTRUCTIONS				· · · · · · · · · · · · · · · · · · ·	<u> </u>				
	GLOVES & GOGGLES					,				
						<u> </u>				
	This is to certify that the above-named materials are properly classif portation according to the applicable regulations of the Department of	led, described, pack of Transportation ar	raged, marked and and the EPA.	labeled, ar	nd are in proper o	ondition for trans				
	WALTER J. SPECK /	, se	7//	1	MO.	DAY YR.				
	PRINTED OR TYPED FULL NAME AND SIGNATURE	alles	espe	L.	06	वाह हाड				
	CHECK IF CONTINUATION SHEET IS USED. NUMBER OF C		HEETS		., 1					
, B	TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOV	E MATERIALS			DATE REC	'D & ACCEPTED				
o in	RUSSEIL, L. WAGAR		4/		MO.	DAY YR.				
BE FILLED IN BY	PRINTED OR TYPED FULL NAME AND SIGNATURE STANDARD TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE	E MATERIALS	Maga	<u> </u>	06	ES 83				
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10 E		•			MO.	DAY YR.				
	PRINTED OR TYPED FULL NAME AND SIGNATURE DISCREPANCY INDICATION SPACE									
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꿃	Facility owner or operator: Certification of receipt of hazardous m in the discrepancy indication space above. Note: TSDF must comple	aterial covered by the waste number. Se	this manifest excep	t as noted	DATE REC'	D & ACCEPTED				
o Z		wantber, St								

HAZARDOUS MATERIALS MANAGEMENT

SECTI 744 P S Sacram		TE MANII	FEST			al po tresue
(Please	print or type with ELITE type (12 characters per inch).	58°	STATE ID	NUMB	ER 826	9570
	GENERATOR NAME AND MAILING ADDRESS BENDIX ELECTRODYNAMICS 11600 SHERMAN WAY			IFEST I	DOCUMENT NU UMBER	MBER
	AREA CODE/PHONE NUMBER., 91605 (213)765-1010	1 4511 (0			2 5 3 3 4 EPA ID NUI	MARED
	LIQUID WASTE MANAGEMENT (363)		ONTAINER NO		010101010	712181413
	TRANSPORTER NO. 2/ALTERNATE TSQ FACILITY				EPA ID NUI	MBER 20
	DAK LANDTILL	8 ८ क्षा कर्म । हिंदि हुए । इस्ति । हिंदी हुए । इस्ति ।	- ସ୍ତୁ		EPA ID NUR	MBER
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RAT	PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS NUM	/NA IBER	TOTAL QUANTITY V	UNIT VT/VOL	CONTAINER NO. TYPE	WASTE CAT. NO.
THE GENERATOR	POTO PUMPEL	b 8 4 0	Idilolo	6	عاتا الثاث	131
IN BY T	Street - Rose Street		1111	20112		
FILLED	COMPONENTS			CONC. UPPER	RANGE LOWER	WNITS ppm
BE FIL	,		-	(هندا		. :
10				17/2	E116	3
				Ą	E (EB 25) OF	neeline
	SPECIAL HANDLING INSTRUCTIONS				PlantE	
	This is to certify that the above-named materials are properly classified, describ	ed . Datoka pec	d, marked and la		- ·	
	portation according to the applicable regulations of the Department of Transport	ation and the	he EPA			DAY YR.
	PRINTED OR TYPED FULL NAME AND SIGNATURE ROLL	1/51	4775 CB	CL	- d1	31 21 3
	CHECK IF CONTINUATION SHEET IS USED. NUMBER OF CONTINUA		TS		·	
B 4	TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIA		46 ×		DATE REC	'D & ACCEPTED
TO BE FILLED IN BY TRANSPORTER	PRINTED OR TYPED FULL NAME AND SIGNATURE TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATER		<u> </u>		MO.	DAY YR.
TRAN	X				MO.	DAY YR.
	PRINTED OR TYPED FULL NAME AND SIGNATURE DISCREPANCY INDICATION SPACE		n 1 /			
TO BE FILLED IN BY TSDF		× 2.	90 W.S.	Š	.42	
O BE FILLE IN BY TSDF	Facility owner or operator: Certification of receipt of hazardous material cover in the discrepancy indication space above. Note: TSDF must complete waste number of the complete waste number	red by this mber. See in	manifest except structions.	as noted	BATE REC	D & ACCEPTED
10 11	PRINTED OR TYPED FULL NAME AND SIGNATURE	<u> </u>	EPA ID NUMBE	R / 1	мо.	DAY YR.

RECEIVE Department of Health Services

HAZARDOUS MATERIALS MANAGEMENT SECTION 744 P Street Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST AFR 1 2 1983

			Plant Er	giacer	HIE A	
(Please	print or type with ELITE type (12 characters per inch).	70	STATE II	NUMB	ER 82 t	395 <i>(</i> 4)
	GENERATOR NAME AND MAILING ADDRESS Bendix Electrodynamics			NIFEST EPA ID N	DOCUMENT NU	MBER
	11600 Sherman May				0,112_11	
.	AREA COLE TONG COMBER, 91605 (213) 765-1010	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			2 5 3 3 4 EPA ID NU	
	Liquid Haste Management	VEH./C	CONTAINER N	U	EFA ID NO	MOCH
	TRANSPORTER NO. 2/ALTERNATE TSD FACILITY	01010	010119161	3 C A	9 0 0 0 0 0 EPA ID NU	7 2 8 4 3 MBER
	(EPC WESTSIDE DISPOSAL (805)399-8087 HIGHWAY 33. FELLOWS, CA., 93301				TIOISIOIQ	1716121013
	TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY	10 NET 1 1 1341.			EPA ID NUI	
10 (-)	BKK Landfill 2210 Azusa Ave. AREA COMMAR CAMBER (213) 965-0916	প্রিপ্রকর্ম শুরুর । এই জন এই ৩ সংক্রম । ে এই জন এই ৩ সিক্রমেন্ড	· · · · ·		الله هاريد ايد ايد ايدان	Andrew State
THE GENERATOR	PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA	TOTAL	UNIT	DO 6 7 7	8 6 7 4 9 WASTE
NER		NUMBER	QUANTITY	WT/VOL	NO. TYPE	CAT. NO.
IE GE	XON YOU WANTE X OF X X X X X X X X X X X X X X X X X	XFOXKOXXQ&Q&QA	XXXXXXXXXXXX	XXXXX	MXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	KKKKKX (S)
B≺	HAZARDOUS LIQUID NOS ORM-E U	N,9,1,8,9	0,5,0,0,0	G	0,0,1 C,T	1,1,2
FILLED-IN	COMPONENTS			CONC.	RANGE	UNITS % ppm
ורב		· · · · · · · · · · · · · · · · · · ·				
BE	CHROMIC ACID			353	72	188
-10		. •				
	WATER 99%	· · · · · · · · · · · · · · · · · · ·				
	<u> </u>	•	;			
	SPECIAL HANDLING INSTRUCTIONS				<u> </u>	<u></u>
	GLOVES & GOGGLES				-	
	This is to certify that the above-named materials are properly classified, portation according to the applicable regulations of the Department of Tr	described, package	ed, marked and	abeled, ar	nd are in proper o	ondition for trans
	postation according to the approache regulations of the Department of the	ansportation and t	ille EPA.		MO.	DAY YR.
	PRINTED OR TYPED FULL NAME AND SIGNATURE	14/11	21/2/	1	0 3	2 2 8 3
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λ	TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE M				DATE REC	'D & ACCEPTED
₹ E	16.6.4.	A STATE OF STATE			MO.	DAY YR.
3.E	PRINTED OR TYPED FULL NAME AND SIGNATURE		r man y like		[]	
BE FILLED IN BY TRANSPORTER	TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE N	MATERIALS		3	DATE REC	ACCEPTED
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6	PRINTED OR TYPED FULL NAME AND SIGNATURE				MO.	DAY YR.
	DISCREPANCY INDICATION SPACE					·
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TO BE FILLE IN BY TSDF	Facility owner or operator: Certification of receipt of hazardous mater in the discrepancy indication space above. Note: TSDF must complete wa	al covered by this	manifest except	as noted	DATE REC	D & ACCEPTED
ō ₹	high you wasterney 5000%	\sim	EPA ID NUMBE	: D	たいん	10/10/
	PRINTED OR TYPED FULL NAME AND SIGNATURE	10 1-16	10//////	. * ··	MO.	DAY YR.
Origina	alWhite-Disposer send to DHS; Green-Hauler; Yellow -Disposer	r: Pink Generate	orDHGC F	1:20	2771	ا ئىيىلىكلىدىڭ ئىلىدى. 1 ئ
~	L Disposor some to Dirio, Green Aladier, renow—Disposer	, and deliciate	17 17 mg		* / *	<i>i</i> -†

UNIFORM HAZARDOUS WASTE MANIFESTER 1 2 1983

(Please	print or type with ELITE type (12 characters per inch). P.O.#8067-354593	Plant Eppin	RONDER	8269576					
	GENERATOR NAME AND MAILING ADDRESS BENDIX CORP./ELECTRODUNAMICS DIVN.	1	FEST DOCUM A ID NUMBER	ENT NUMBER					
1	11600 SHERMAN WAY								
	THE TOOLET TO THE TOTAL TOTAL TO THE TOTAL T	CADDO		3 3 4					
·	LQQUID WASKE MANAGEMENT	0.117.112.1110.							
	TRANSPORTER NO. 2/ALTERNATE TSD FACILITY	1011131613		0 0 0 7 2 8 4 3 A ID NUMBER					
	EPC WESTSIDE DISPOSAL (805)399-8087		Era	(ID NOMBER					
	TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY	1.5		8 0 0 1 0 2 8 3					
	BKK LANBFILL	•	EPA	A ID NUMBER					
.] [2210 AZUSA AVE.	· · .		E ADAL					
GENERATOR	AREN COCONTAGE CAMBER (213) 965-0916	TOTAL		6 7 7 8 6 7 4 9					
ERA	PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS NUMBER			TYPE CAT. NO.					
	HAZARDOUS TIQUID HOS CORME UN 9 1 8 9 6		6 0.0.	1 6 7 1 1 1					
뿔		121610101		-1-1-11-11					
Β¥									
BE FILLED IN BY THE	COMPONENTS			NGE UNITS					
LLE	(05.0)		FFER EU	WER % ppm					
- 12	(85 G.) (50 G) CALCIUM NITRATE & CALCIUM CHLORIDE	5 .	3 /						
5	3	1	•	1085					
	CHROMIC ACID		353	188					
.	BALANCE)	•		o y					
	WATER SPECIAL HANDLING INSTRUCTIONS	7 /							
	GLOVES & GOEGLES								
	This is to certify that the above-named materials are properly classified, described, packaged	d, marked and lab	eled, and are in	proper condition for trans					
	portation according to the applicable regulations of the Department of Transportation and the	ne EPA.							
1 1	PRINTED OR TYPED FULL NAME AND SIGNATURE	. •	/ [MO. DAY YR.					
	CHECK IF CONTINUATION SHEET IS USED. NUMBER OF CONTINUATION SHEE	TC		/3 [2]					
<u></u>	TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS		DA	TE REC'D & ACCEPTED					
2 E	, Heller C								
ED I	PRINTED OR TYPED FULL NAME AND SIGNATURE		E F	MO. DAY YR.					
FILL	TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS	<u></u>	D/	TE REC'D & ACCEPTED					
TO BE FILLED IN BY TRANSPORTER									
5	PRINTED OR TYPED FULL NAME AND SIGNATURE		Γ	MO. DAY YR.					
	DISCREPANCY INDICATION SPACE		·						
5 T									
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TO BE FILLED IN BY TSDF	Facility owner or operator: Certification of receipt of hazardous material covered by this in the discrepancy indication space above. Note: TSDF must complete waste number. See in	manifest except a structions.	s noted DA	TE REC'D & ACCEPTED					
₽ ≥	Engly CARAGE STANCE	EPA ID NUMBER		MO. DAY YR.					
	PRINTED OR TYPED FULL NAME AND SIGNATURE THE	1 1/1/1							

HAZARDOUS MATERIALS MANAGEMENT SECTION 744 P Street Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

W.O. #3668

(Please	print or type with ELITE type (12 characters per inch). P.O.	8067-356	147	STATE	ID NUME	BER 826	9580		
	GENERATOR NAME AND MAILING ADDRESS			M	ANIFEST EPA ID N	DOCUMENT NU	JMBER		
1	BENDIX CORP 11600 SHERMAN WAY, NO HOLLYWOOD, CA				ETAID	TOWDER			
	AREA CODE/PHONE NUMBER (213) 765-1010		,			2 5 3 3 4			
	TRANSPORTER NO. 1		VEH.	CONTAINER	NO.	EPA ID NU	MBER		
	LIQUID WASTE MANAGEMENT SUN VALLEY. CA 191352		0 00	0 0 1 9 6	13 C A	0,0,0,0,0	7 2 8 4 3		
	TRANSPORTER NO. 2/ALTERNATE TSD FACILITY			·		EPA ID NU			
	2000 LANDE ILL TO SELECTIVE, LT (212).	- Andrews	PER C	*	C.A.	14 1 14 (A) (A) (A)	dia to the state of		
1	TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY	The same of the sa	75. mm .	•		EPA ID NUI			
	BKK LANDFILL		alia ilia Na la	3 = 43 T		the state of the state of	31-00.75**		
``\ Œ	2210 AZUSA AVE. W. COYINA, CA. (213)9	2-0310	30 - 01	, rr 1	C.A		.8.6.7.4.9		
GENERATOR	AREA CODE/PHONE NUMBER PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/N		TOTAL	UNIT	CONTAINER	WASTE		
ER.		NUMB	ER	QUANTITY	WT/VOL	NO. TYPE	CAT. NO.		
	SODIUM DICHROMATE ORN-E	U N 1 4	6 4	0 0 1 2 5	G	0 0 1 C T	1 1 1		
ву тне						 			
	CHROMIC CORROSIVE	U N 1 7	5 5	0 0 0 6 0	G	00167	111		
FILLED IN	COMPONENTS		<u> </u>		CONC.	RANGE	UNITS		
רופו				 	UPPER	LOWER	% ppm		
	SODIUM DICHROMATE				6		2		
O BE							 - - - 		
<u> </u>	CHROMIC					RECE	2 2		
		 	N E C E I	V E U					
		ļ	JUN 10	1983					
	SPECIAL HANDLING INSTRUCTIONS								
	Plant Engineering								
	GLOVES & GOGGLES								
	This is to certify that the above-named materials are properly classifi portation according to the applicable regulations of the Department of	ed, described	, packag	ged, marked and the EPA.	l labeled, a	nd are in proper o	ondition for trans		
Ì		· · ·			,	MO.	DAY YR.		
	PRINTED OR TYPED FULL NAME AND SIGNATURE WALTER	J. SPECK				015	1 2 8 3		
ĺ	CHECK IF CONTINUATION SHEET IS USED. NUMBER OF C			ETS		· · · · · · · · · · · · · · · · · · ·	121211010		
>	TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOV			منتنسد		DATE REC	D & ACCEPTED		
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UNIFORM HAZARDOUS WASTE MANIFEST OF

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P.O.#8067-358696 STATE ID NUMBER

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	GLOVES & GOGGLES			A	ř.						
آڌ	This is to certify that the above-named wastes are properly classified, describe proper condition for transportation according to the applicable requirements of the										
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HAZARDOUS MATERIALS MANAGEMENT SECTION 744 P Street Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

PERMIT #3-3054

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(Please		067-357921		D NUMB		39586			
	BENDIX ELECTRODYNAMICS DIVN		M	ANIFEST EPA ID N	DOCUMENT NU	IMBER			
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	This is to certify that the above-named materials are properly classifi	ed, described, pa	ckaged, marked and	labeled, ar	nd are in proper o	ondition for trans			
	portation according to the applicable regulations of the Department o	f Transportation	and the EPA						
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1982 MANIFESTS

SEE REVERSE SIDES FOR INSTRUCTIONS: PLEASE TYPE OR PRINT CLEARLY.

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
AND A HAZARDOUS MATERIALS MANAGEMENT SECTION

363 - 02284

PRESS HARD	744 P STREET, SACRAMENTO, CA 9	5814	2 DOVO
GENERATOR (GENERATOR MUST COMPLETE)	① DESIGNATED TSD FACILITY	• ALTERNATE TSD FACIL	.ITY
@NAME_BENDIX CORPORATION	(AUTHORIZED TO OPI	RATE UNDER AN APPROVED STATE OR FEDERA	AL PROGRAM)
EPA NO. 440003325334	NAME	7/23/7/24- NAME	
ADDRESS 11600 SHERMAN WAY	EPANO. LATUCEZZ	26/77 EPA NO.	
All the second of the second o	CEADDRESS 2210 At Z	OSA AVE ADDRESS_	
PHONE NO 1656/0/0	ZIP CODE WI COVINIT	C/+L/F CITY, STATE,	
ORDER PLACED BY WILLIAM BAYE 3 2021	PHONE NO	76 PHONE NO	
CONTRACT NO. 2003-2532020			
① U. S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD UN/NA W. CLASS I.D. NO. OR	VOLUME UNITS CONTAINERS NUMBER	
WASTE OIL + WATER	NONE 3	500 GHL DRUMS BAGS	CARTONS DUMP
WASTE		TANK TRUCK OTHER	
Old de 1114 Targ		NOWE	MACHINE WORK
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B	PPM F		PPM
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D	PPM NONHAZAF	RDOUS MATERIAL	%
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PHYSICAL STATE SOLID JOURD SLUDGE GOOD	SLURRY GAS LOTHER	1	
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GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE	ABOVE NAMED MATERIALS ARE PROPE	RLY CLASSIFIED, DESCRIBED, PACKAGED, MARI	KED & LABELED, AND ARE
IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO TH	E APPLICABLE REGULATIONS OF THE DI	EPARTMENT OF TRANSPORTATION AND THE EPA	3. () ()
IN THE EVENT OF A SPILL CONTACT THE RESPONSE CENTER, U. S. COAST GUARD 1-80		Killie Sulfaller Tra	ale The
RESPONSE CENTER, U. S. COAST GUARD 1-60	J-424-0802.	SIGNATURE OF AUTHORIZED AGENT & TITLE	. DATE SHIPPED
TRANSPORTER (HAULER MUST COMPLETE)		- ; X	(y)
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ADDRESS P.O. BOX 1082			
ZIP CODE SUN VALLEY, CALIFORNIA 91352			. ()
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INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY PRESS HARD	STATE DEPARTMENT HAZARDOUS MATERIAL 744 P STREET, SAG	OF HEALT S MANAGE	H SERVICES MENT SECTIO		ing the state of t	MANIFEST NUMBER 0	003/1
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O NAME EPA NO. ADDRESS CITY, STATE.	NAME Facet PPA NO. ADDRESS	FACCE		NDER AN AI	PPROVED STATE NAME EPA NO ADDRESS	TE OR FEDERAL PROGR	(AM)
PHONE NO. ORDER ORDER PLACED BY ORDER ORDER	CITY, STATE, ZIP CODE PHONE NO.				CITY, STATE, ZIP CODE PHONE NO.		
P. O. / CONTRACT NO.	(1992)						
① U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINE	RS: NUMBER	DUMP TRUCK
WASTE				,	TANK TRUCK	BAGS CARTONS	TRUCK
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TRANSPORTER (HAULER MUST COMPLETE) NAME Runth or floor d. / Providing Immo. EPA NO. ADDRESS CITY, STATE, ZIP CODE Long Beach, CA 90007. PHONE NO. (213) 595-9461 (714) 781-4611	JOB N UNIT I	VO.	7) - (c	1. P.J.	T)	ICK-UP DATE	; DAM PI
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SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

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CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

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PRESS HARD	744 P STREET, SACRAMENTO, CA 95814	03224
GENERATOR (GENERATOR MUST COMPLETE E RETERENTE	① DESIGNATED TSD FACILITY	ALTERNATE TSD FACILITY
ONAME BIFFUL COPP	(AUTHORIZED TO OPERATE UNDER AN AP	
EPA NO. U.S 10 0 8 3 2 5 3 3 4	NAME BKK LHNOFILL	NAME
ADDRESS 11600 SHEETMAN WAN	EPA NO. CADO67786749	EPA NO.
CITY, STATE, NO. HOLLYWOOD, CA., 91605	ADDRESS 2210 HIUSH AVE	ADDRESS
PHONE NO. (213) 765-1010	RIP CODE W. COVINA CHE	CITY, STATE, ZIP CODE
ORDER PLACED BY W. J. SPECK BATER 9-10-	AHONE NO. 965-0916	PHONE NO.
CONTRACT NO. SOL 7-258102		
(3) U. S. DOT PROPER SHIPPING NAME (A) 1 (4)	U.S. DOT HAZARD UN/NA WEIGHT UNITS	CONTAINERS: NUMBER
WASTE NITRIC ACID	CORROSIVE 1760 32 GAL	DRUMS BAGS CARTONS DUMP
WASTE CHRONIC ACID	CORROSIVE 1755 5000 GAL	TANK
WASTE CATEGORY CONC. BA	① EX. HAZ. WASTE PERMIT NO	GENERATING PROCESS FLATING CONC. RANGE UNITS
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C Line 200 600	* 25 PPM F	
D	PPM GNONHAZARDOUS MATERIAL	WATER 98%
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	SLUBBY GAS - DIHER CARE AND PROPERTY OF THE PR	
1 SPECIAL HANDLING INSTRUCTIONS: Scloves Coggli	S, RESPIRATOR OTHER	
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TRANSPORTER (HAULER MUST COMPLETE)	**************************************	
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PHONE NO. (213) 767-4424	© al (Tan)	Dans
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TSD FACILITY, OREBAIOR MUST COMPLETE		
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0 NAME		NDLING OR DISPOSAL METHOD:
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NAME	The state of the s	RECOVERY OR REUSE STORAGE/TRANSFER
EPA NO.	O Che 1100	
REVISED 11/80	SIGNATURE OF AUTHORIZED AG	ENT & TITLE / DATE ACCEPTED

SEE REVERSE SIDES FOR INSTRUCTIONS PLEASE STYPE OR PRINT CLEARLY. PRESS HARD	CALIFORNIA HAZARDOUS WASTE MANIFEST STATE DEPARTMENT OF HEALTH SERVICES HAZARDOUS MATERIALS MANAGEMENT SECTION TAA P STREET. SACRAMENTO: CA 95814
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OR PRINT CLEARLY	IFORNIA HAZARDOUS WASTE N STATE DEPARTMENT OF HEALTH SERV IAZARDOUS MATERIALS MANAGEMENT S	ICES	363011.964
PRESS HARD GENERATOR (GENERATOR MUST COMPLETE)	18.744 P STREET, SACRAMENTO, CA 958 ① DESIGNATED TSD FACILITY 1845 of 1878 (1) 1886 (ALLTHORIZED TO OPER	O ALTERNAT	est have 9 digit
EPA NO. CADED STORY IN WAY	NAME COLOGIA AS	NAME EPA NO.	OR FEDERAL PROGRAM)
PHONE NO. ORDER PLACED BY CONTRACT NO. CITY, STATE. CONTRACT NO. CO	ADDRESS CITY STATE ZIP CODE PHONE NO.	ADDRESS CITY, STATE 21P CODE PHONE NO.	
3 U. S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD UN/NA WEH	GHT LUME UNIȚS CONTAINERS	
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RESPONSE CENTER, U. S. COAST GUARD 1-800	424-8802.	SIGNATURE OF AUTHORIZED AGENT &	
TRANSPORTER (HAULER MUST COMPLETE) 19 NAME LIQUID WASTE MANAGEMENT EPA NO. C A D 0 0 0 7 2 8 4 3	JOB NO	© PIC	K-UP DATE 7 JAM DR
ADDRESS P.O. BOX 1082 CITY STATE SUN VALLEY, CALIFORNIA 91352 PHONE NO. (213) 767-4424			1 January
PHONE NO. TELOS YOU TEL		SIGNATURE OF AUTHORIZED AGEN	NT & TITLE
TSD FACILITY IOPERATOR MUST COMPLETE LOGIC BOSING TO SERVICE OF THE PROPERTY O	@ QUANTITY (IF ME ASURED)	7 0 HANDLING OR DIS	POSAL METHOD
@ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFES	TATE FEE (IF ANY) \$	SURFACE IN INJECTION I	MPOUNDMENT LANDFILL WELL LAND TREATMENT
IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESEMBLE. NAME	SIGNATED TSD FACILITY	TREATMENT	
REVISED 11/80	SIGNATURE	OF AUTHORIZED AGENT & TITLE	DATE ACCEPTED

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

REVISED 11/80

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CALIFORNIA HAZARDOUS WASTE MANIFEST HAZARDOUS MATERIALS MANAGEMENT SECTION

744 P STREET, SACRAMENTO, CA 95814 GENERATOR (GENERATOR MUST, COMPLETE) (4) ALTERNATE TSD FACILITY (1) DESIGNATED TSD FACILITY PANS ASTACHSPACE OF (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM) EPA NO. FPA NO. EPA NO. **ADDRESS** CITY, STATE **ADDRESS ADDRESS** CITY STATE CITY, STATE, PHONE NO PHONE NO. PHONE NO. P. O. / CONTRACT NO. WEIGHT U.S. DOT HAZARD CONTAINERS: NUMBER (3) U. S. DOT PROPER SHIPPING NAME UNITS OR VOLUME DUMP DRUMS BAGS CARTONS WASTE TANK OTHER WASTE 1 GENERATING PROCESS Machine Works **WASTE CATEGORY** O EX. HAZ. WASTE PERMIT NO. CONC. RANGE CONC. HANGE UNITS LIST COMPONENTS: UPPER LOWER UPPER LOWER **NONHAZARDOUS MATERIAL** WASTE PROPERTIES CORROSIVE/IRRITANT PHYSICAL STATE GAS 63 SPECIAL HANDLING INSTRUCTIONS GLOVES OTHER GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE N PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA. IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802. TRANSPORTER (HAULER MUST COMPLETE) NAME LIQUID WASTE MANAGEMENT PICK-UP DATE | A | D | O | С P.O. BOX 1082 **ADDRESS** CITY STATE SUN VALLEY, CALIFORNIA 91352 PHONE NO. (213) 767-4424 SIGNATURE OF AUTHORIZED AGENT & TITLE (OPERATOR MUST COMPLETE) PROTECTION OF THE STATE OF THE S NAME 1 QUANTITY IF MEASURED! HANDLING OR DISPOSAL METHOD SURFACE IMPOUNDMENT LANDFILL INDICATE ANY SIGNIFICANT DISCREPANCIÉS BETWEEN MANIFEST AND SHIPMENT INJECTION WELL LAND TREATMENT TREATMENT (SPECIFY) 1 IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY RECOVERY OR REUSE STORAGE/TRANSFER EPA NO of our years the passing and

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CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
HAZARDOS MATERIALS ACRAMENTO CA 95814

PRESS HARD	744 PS(MEE), SACHAMENTO, CA 95814	
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CONTRACT NO. 8067-257183		
1 U. S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD UNINA WEIGHT UNITS	CONTAINERS NUMBER
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D PHYSICAL STATE SOLID KINDING BOOK		
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GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO T	ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED D	ESCRIBED, FACKAGED, MARKED & LABELED, AND ARE
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ADDRESS P.O. BOX 1082	A Company of the Comp	A CONTRACT OF THE PROPERTY OF
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363 **D** 02003 SEE REVERSE SIDES FOR CALIFORNIA HAZARDOUS WASTE MANIFEST INSTRUCTIONS. PLEASE TYPE STATE DEPARTMENT OF HEALTH SERVICES 03.961 OR PRINT CLEARLY. HAZARDOUS MATERIALS MANAGEMENT SECTION **PRESS HARD** 744 P STREET, SACRAMENTO, CA 95814 **GENERATOR** IGENERATOR MUST COMPLETE ALTERNATE TSD FACILITY ① DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM) BENDIX ② NAME EPA NO. NAME EPA NO. **ADDRESS** EPA NO. CITY, STATE, **ADDRESS ADDRESS** CITY, STATE, CITY, STATE, .C.O.O (213) 765-1010 PHONE NO. ZIP CODE PHONE NO. PHONE NO. 9 5% OF GOR WEIGHT OR VOLUME UN/NA CONTAINERS: NUMBER (5) U. S. DOT PROPER SHIPPING NAME: 10 and affect 15. UNITS GAL 143 DRUMS BAGS CARTONS TANK OTHER WATER 200 50.1 WASTE TRUCK WATER O EX HAZ. WASTE PERMIT NO. 3-2672 GENERATING PROCESS CONC. RANGE, UNITS CONC. HANGE UNITS LIST COMPONENTS: UPPER LOWER لا وُقْدَيْهَا لَعَالِمَا الْأَرْ 医乳乳试验 建糖醛剂 G NONHAZARDOUS MATERIAL WASTE PROPERTIES: CORROSIVE/IRRITANT REACTIVE SENSITIZER ETODIA 19 PHYSICAL STATE | | | | | | | | | | SLURRY, 1,645 Hod OTHER A CEC LEA SPECIAL HANDLING INSTRUCTIONS: RESPIRATOR GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF THANSPORTATION AND THE EPA. IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802. SIGNATURE OF AUTHORIZED AGENT & TITLE DATE SHIPPED TRANSPORTER | (HAULER MUST COMPLETE) NAME LIQUID WASTE MANAGEMENT JOB NO. PICK-UP DATE CA D 0 0 0 0 7 2 EPÄ NO. UNIT NO P.O. BOX 1082 ADDRESS SUN VALLEY, OALIFORNIA 91352 PHONE NO. (213) 767-4424 经确地 SIGNATURE OF AUTHORIZED AGENT & TITLE TSD FACILITY the water will NAME 1 QUANTITY IT MEASURE HANDLING OR DISPOSAL METHOD: EPA NO. TATE FEE UF ANY SURFACE IMPOUNDMENT LANDFILL INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT INJECTION WELL LAND TREATMENT TREATMENT (SPECIFY) IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: RECOVERY OR REUSE STORAGE/TRANSFER

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CALIFORNIA HAZARDOUS WASTE MANIFEST INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY. STATE DEPARTMENT OF HEALTH SERVICES HAZARDOUS MATERIALS MANAGEMENT SECTION PRESS HARD 744 P STREET, SACRAMENTO, CA 95814 GENERATOR (GENERATOR MUST COMPLETE) (4) ALTERNATE TSD FACILITY (3) DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM) (2) NAME EPA NO. EPA NO. **ADDRESS** EPA NO. CITY, STATE, ADDRESS **ADDRESS** CITY; STATE, PHONE NO. ZIP CODE PHONE NO. ORDÉR PLACED BY PHONE NO. P. O. / CONTRACT NO 3-244124 U. S. DOT HAZARD UN/NA WEIGHT OR VOLUME CONTAINERS: NUMBER UNITS BAGS CARTONS WASTE dia WASTE • GENERATING PROCESS WASTE CATEGORY EX. HAZ. WASTE PERMIT NO. CONC. RANGE UNITS CONC. RANGE UNITS LIST COMPONENTS: UPPER LOWER LOWER UPPER PPM NONHAZARDOUS MATERIAL WASTE PROPERTIES CORROSIVE/IRRITANT SLUDGE SLURRY GAS , has 1 SPECIAL HANDLING INSTRUCTIONS RESPIRATOR GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPAZZI IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802. SIGNATURE OF AUTHORIZED AGENT & TITLE DATE SHIPPED TRANSPORTER (HAULER MUST COMPLETE) MAME LIQUID WASTE MANAGEMENT JOB NO. CADOOOO 7 2 EPA NO. **ADDRESS** P.O. BOX 1082 SUN VALLEY, OALIFORNIA 91352 (213) 767-4424 PHONE NO. SIGNATURE OF AUTHORIZED AGENT & TITLE TSD FACILITY 18 QUANTITY IIF MEASURED O NAME HANDLING OR DISPOSAL METHOD EPA NO. TO STATE FEE HE ANYL SURFACE IMPOUNDMENT LANDFILL INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT INJECTION WELL AND TREATMENT IREATMENT (SPECIFY) IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY RECOVERY OR REUSE EPA NO. White wood and bear were REVISED 11/80 SIGNATURE OF AUTHORIZED THE CHARLES TO A STATE OF THE CONTROL OF THE CONTRO

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CALIFORNIA HAZARDOUS WASTE MANIFEST

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GENERATOR (GENERATOR MUST COMPLETE)	(i) DESIGNATED TS	DEACILITY			() ALTERNA	TE TSD FACILITY		
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CONTRACT NO.								
3 U. S. DOT PROPER SHIPPING NAME	U S. DOT HAZARD	UN/NA 1.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINER	S. NUMBER		
WASTE. MATERIAL ACID	Barren March	1332	210	6913/	DRUMS	BAGS CA	RTONS DUMP	K
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WASTE PROPERTIES: PH / POXIC FLAMMABL	E CORROSIVE IRE		HEACTIVE			INOGEN/MUTAGEN	i I	
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TRANSPORTER (HAULER MUST COMPLETE)			2657			d**	11/20 11/11	
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ADDRESS P.O. BOX 1082				.,				
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CALIFORNIA HAZARDOUS WASTE MANIFEST STATE DEPARTMENT OF HEALTH SERVICES HAZARDOUS MATERIALS MANAGEMENT SECTION 744 P STREET, SACRAMENTO, CA 95814

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PRESS HARD

GENERATOR (GENERATOR MUST COMPLETE) 3 NAME EPA NO. ADDRESS CITY. STATE. ZIP CODE PHONE NO. ORDER PLACED BY CONTRACT NO. ORDER 27/17 CONTRACT NO.	NAME 23 6 7 EPA NO. C. Y. ADDRESS 2.2.76	THORIZED TO OF		ALTERNATE TSD FACIL N APPROVED STATE OR FEDERA NAME	L PROGRAM)
3 U. S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	CUN/NA T.D. NO. OF	WEIGHT UNIT	S CONTAINERS: NUMBER	
WASTE NITOIC ACID	CORRELUCE	1760 6	O GAI	DRUMS BAGS TANK TRUCK OTHER	CARTONS TRUCK
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TRANSPORTER (HAULER MUST COMPLETE) NAME LIQUID WASTE MANAGEMENT EPA NO. C A D O O O 7 2 8 4 3 ADDRESS P.O. BOX 1082 CITY STATE ZIP CODE PHONE NO. (213) 767-4424	JOB UNIT	NO	SIGNATURE	FICK UP DATE TIME OF AUTHORIZED AGENT & TITLE	S AM PM
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CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.
Please type or print clearly. Press Hard.

REVISE

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

1 Manifest 699 - 014013

GENERATOR (Generator Must Complete)	(3) DESIGNATED TSD FACILIT	Y (4) ALT	ERNATE TSD FACILITY
(2) Name BENDIX CORP.		ED TO OPERATE UNDER AN APPROVED	STATE OR FEDERAL PROGRAM)
EPA NO. CADO 0 8 3 2 5	3 Name VAN WATERS		
Address 11600 SHERMAN WAYhone No	177-2881 EPA NO. Q A D Q		
City, State, Zip N. HOLLYWOOD, CA Order Placed By CATE OTHER LANGE CAPPER LANGE CAPPER LANGE CAPPER LANGE CAPPER LANGE CAPPER LANGE CAPPER LANGE CAPPER LANGE CAPPER LANGE CAPPER LANGE CAPPER LANGE CAPPER LANGE CAPPER LA	91605 Address 1363 S. BON	NIE BEACH PL Address	-
P.O./ DALJET A GGGGA	Phone No. 213/865-81	LES, CA 90023 City, Stat	e, Zip
CONTRACT NO. FO F31-4-2232U		Phone No)
(5) U.S. DOT PROPER SHIPPING NAME	U.S. DOT UN/NA WEIGHT OR FINAL PROBLEMS OF THE	CONTAINERS: NUMBER	
WASTE 111 TRICHLOROETHANE WASTE	ORM-A 2831 4000#	TYPE: TO DRUMS [] TANK TRUCK OTHER	☐ BAGS ☐ CARTONS ☐ DUMP TRUCK
(6) WASTE CATEGORY63	(7) EX. HAZ. WASTE PERMIT NO		VAROL DEGREASING
	CONC. RANGE	<u> </u>	CONC. RANGE UPPER LOWER UNITS
(9) A		E	
B		F	•
C		G	
D		Non Hazardous Material9	
(10) WASTE PROPERTIES: pH	Toxic 🛘 Flammable 🗘 Corrosive/Irrit	tent 🗆 Reactive 🗆 Sensitizer 🦡	Carcinogen/Mutagen
11) PHYSICAL STATE: Solid Liquid	☐ Slurry ☐ Gas	Other	
(12) SPECIAL HANDLING INSTRUCTIONS: []	Goggles ☐ Respirator	Other	
GENERATOR CERTIFICATION: This is to certify the applicable regulations of the Department of Trans	eat the above named materials are properly eta-fife portation and EPA.	d described, packaged, marked, labeled, and	are in proper condition for transportation according to
IN THE EVENT OF A SPILL, CONTACT THE NA		PLANT SNB	155R 4-29-8~
RESPONSE CENTER, U.S. COAST GUARD 1-800-		Signature of Authorized Agent and Title	
TRANSPORTER (HAULER MUST COMPLETE)	N	•	
(14) NAME Van Water & R	eges 10	B NO	(15) PICK-UP DATE 4-29-82
	1777 C	HT NO.	TIME 2 10 AM AM
	1	2/7	
ADDRESS 1363 Sor Bennie Beach	PA PHONE NO. 417465 16	(Bd-Merting Tre	ick Wine 4-19-82
CITY, STATE, ZIP		Signature of Authorized Agent a	nd Title Date
TSD FACILITY (FACILITY-OPERATOR MUST	COMPLETE)	•	
17 NAME VOUL	(18) QUANTITY (If Measured)	<u> </u>	HANDLING OR DISPOSAL METHOD:
EPANO. (1) (1) (1) (1) (2) (3) (7)	18 QUANTITY (If Measured) \$		☐ Surface Impoundment ☐ Landfill
PHONE NO.		\	☐ Injection Well ☐ Land Treatment
20 INDICATE ANY SIGNIFICANT DISCREPANCI	ES BETWEEN MANIFEST AND	· · · · · · · · · · · · · · · · · · ·	☐ Treatment (Specify)
SHIPMENT:	¥		Recovery or Reuse
IF WASTE IS HELD FOR DELIVERY ELSEWHERE,	SPECIFY THE DESIGNATED TSD FACILITY:	(),	/ /
(22) NAME		11.0	1////
EPA NO.	(23)	//\\\\\	4/29/52
		Signature of Authorized Agent and Title	Date Accepted

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EPA NO. REVISED 11/80

CALIFORNIA HAZARDOUS WASTE MANIFEST STATE DEPARTMENT OF HEALTH SERVICES

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

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DATE ACCEPTED

PRESS HARD GENERATOR (GENERATOR MUST COMPLETE) ALTERNATE TSD FACILITY ① DESIGNATED TSD FACILITY 1. OKT. (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM) (2) NAME EPA NO. NAME NAME EPA NO. ADDRESS EPA NO. エイジググググ ADDRESS CITY, STATE, **ADDRESS** CITY, STATE, CITY, STATE, PHONE NO. PHONE NO. ORDER PLACED BY PHONE NO. P. O. / CONTRACT NO. WEIGHT OR VOLUME CONTAINERS: NUMBER (5) U. S. DOT PROPER SHIPPING NAME UNITS DUMP TRUCK BAGS WASTE anis DRUMS CARTONS TANK OTHER WASTE ® GENERATING PROCESS. WASTE CATEGORY ① EX. HAZ. WASTE PERMIT NO.____ CONC. RANGE UNITS CONC. RANGE UNITS LIST COMPONENTS: UPPER LOWER 11/1/11/6 NONHAZARDOUS MATERIAL FLAMMABLE CORROSIVE IRRITANT **WASTE PROPERTIES:** REACTIVE SENSITIZER CARCINOGEN/MUTAGEN Liquid ISLUDGE SLURRY GAS GLOVES SPECIAL HANDLING INSTRUCTIONS: RESPIRATOR GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA. IN THE EVENT OF A SPILL CONTACT THE NATIONAL Opto National Representation of the second of the second to the second t RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802. TRANSPORTER (HAULER MUST COMPLETE) NAME LIQUID WASTE MANAGEMENT PICK-UP DATE C A D 0 0 0 0 7 2 8 4 ADDRESS P.O. BOX 1082 CITY, STATE SUN VALLEY, CALIFORNIA 91352 PHONE NO. (213) 767-4424 SIGNATURE OF AUTHORIZED AGENT & TITLE TSD FACILITY (OPERATOR MUST-COMPLETE) ① NAME 1 OUANTITY HE MEASURED HANDLING OR DISPOSAL METHOD: (1) STATE FEE HE ANYL S SURFACE IMPOUNDMENT LANDFILL INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT INJECTION WELL LAND TREATMENT TREATMENT (SPECIFY) IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY RECOVERY OR REUSE STORAGE/TRANSFER NAME

SIGNATURE OF AUTHORIZED AGENT & TITLE

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CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES 744 P STREET, SACRAMENTO, CA 95814

DATE ACCEPTED

363 - (1) OR PRINT CLEARLY. HAZARDOUS MATERIALS MANAGEMENT SECTION PRESS HARD GENERATOR. "(GENERATOR MUST COMPLETE) ALTERNATE TSD FACILITY ① DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM) ② NAME FPA NO. NAME **ADDRESS** EPA NO. EPA NO. CITY, STATE, **ADDRESS ADDRESS** CITY, STATE, CITY, STATE, PHONE NO. ORDER PLACED BY PHONE NO. PHONE NO. CONTRACT NO. 1 1. ca 1 5 4 4 1 UN/NA UNITS CONTAINERS: NUMBER (5) U. S. DOT PROPER SHIPPING NAME 7-19 7 11. (2) HROWITC DRUMS CARTONS WASTE / 0 BAGS TANK OTHER WASTE (B) GENERATING PROCESS WASTE CATEGORY ② EX. HAZ. WASTE PERMIT NO._____ CONC. RANGE CONC. RANGE UNITS UNITS LIST COMPONENTS: UPPER LOWER UPPER LOWER 1. HROMINAC D NONHAZARDOUS MATERIAL 1. 4 11.1 FLAMMABLE CORROSIVE IRRITANT **WASTE PROPERTIES:** CARCINOGEN/MUTAGEN PHYSICAL STATE: SOLID / THE MIQUID SLUDGE SLUBRY GAS GOGGLES 3 SPECIAL HANDLING INSTRUCTIONS? GLOVES GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA. IN THE EVENT OF A SPILL CONTACT THE NATIONAL @121 x 2010. RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802 SIGNATURE OF AUTHORIZED AGENT & TITLE DATE SHIPPED TRANSPORTER (HAULER MUST COMPLETE) MAME LIQUID WASTE MANAGEMENT JOB NO PICK-UP DATE C A D 0 0 0 0 7 2 8 UNIT NO EPA NO. ADDRESS P.O. BOX 1082 ZIP CODE SUN VALLEY, CALIFORNIA 91352 PHONE NO. (213) 767-4424 SIGNATURE OF AUTHORIZED AGENT & TITLE TSD FACILITY (OPERATOR MUST COMPLETE) ① NAME HANDLING OR DISPOSAL METHOD TATE FEE HE ANY SURFACE IMPOUNDMENT LANDFILL INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT INJECTION WELL LAND TREATMENT TREATMENT (SPECIFY) IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY RECOVERY OR REUSE STORAGE/TRANSFER NAME EPA NO.

SIGNATURE OF AUTHORIZED AGENT & TITLE

SEE REVERSE SIDES FOR INSTRUCTIONS, PLEASE TYPE OF PRINT CLEARLY PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
THAT P STREET SACRAMENTO CA 95814

DATE ACCEPTED

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SEE REVERSE SIDES FOR CALIFORNIA HAZARDOUS WASTE MANIFEST 363 - 002381INSTRUCTIONS. PLEASE TYPE STATE DEPARTMENT OF HEALTH SERVICES OR PRINT CLEARLY. HAZARDOUS MATERIALS MANAGEMENT SECTION 03413 PRESS HARD 744 P STREET, SACRAMENTO, CA 95814 GENERATOR GENERATOR MUST COMPLETE (4) ALTERNATE TSD FACILITY (1) DESIGNATED TSD FACILITY ONAME_BEHDIX CORE (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM) NAME EPA NO. NAME EPA NO. 11600 SHERMAN WAY **ADDRESS** EPA NO. CITY, STATE, **ADDRESS** 110 HOLLYWOOD 91605 **ADDRESS** CITY, STATE, CITY, STATE, (213) 765-1010 PHONE NO. PATER 10-21-82 PHONE NO. ORDER PLACED BY 41, J. SPECK PHONE NO. 8067-35/10 22 U. S. DOT HAZARD UN/NA WEIGHT OR VOLUME (3) U. S. DOT PROPER SHIPPING NAME CONTAINERS: NUMBER UNITS DUMP DRUMS BAGS CARTONS WASTE CORROSIVE 1760 TANK OTHER WASTE The managementagement file ein au. (B) GENERATING PROCESS PLAT 1 EX. HAZ. WASTE PERMIT NO. NONE **WASTE CATEGORY** CONC. RANGE UNITS CONC. RANGE UNITS LIST COMPONENTS: and the second section of UPPER LOWER LOWER PPM WATE **NONHAZARDOUS MATERIAL** FLAMMABLE CORPOSIVE/IRRITANT WASTE PROPERTIES: REACTIVE SENSITIZER CARCINOGEN/MUTAGEN PHYSICAL STATE: GOGGLES 1 SPECIAL HANDLING INSTRUCTIONS: GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA. IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802. SIGNATURE OF AUTHORIZED AGENT & TITLE DATE SHIPPED TRANSPORTER (HAULER MUST COMPLETÉ) MAME LIQUID WASTE MANAGEMENT JOB NO CADO 0 0 2 8 UNIT NO P.O. BOX 1082 ADDRESS ZIP CODE SUN VALLEY CALIFORNIA 91352 PHONE NO. (213) 767-4424 SIGNATURE OF AUTHORIZED AGENT & TITLE TSD FACILITY ... LOPE BATOR MUST COMPLETE) 18 QUANTITY IIF MEASURED NAME HANDLING OR DISPOSAL METHOD 1 STATE FEE HE ANYL SURFACE IMPOUNDMENT LANDFILL INDICATE ANY SIGNIFICANT DISCREPANCIES BÉTWEEN MANIFEST AND SHIPMENT. LAND TREATMENT INJECTION WELL TREATMENT (SPECIFY) IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY RECOVERY OR REUSE STORAGE/TRANSFER NAME EPA NO. REVISED 11/80 SIGNATURE OF AUTHORIZED AGENT & TITLE DATE ACCEPTED

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EVERSE SIDES FOR CALIFORNIA HAZARDOUS WASTE MANIFEST INSTRUCTIONS. PLEASE TYPE STATE DEPARTMENT OF HEALTH SERVICES R HAZARDOUS MATERIALS MANAGEMENT SECTION OR PRINT CLEARLY. . **PRESS HARD** 744 P STREET, SACRAMENTO, CA 95814 JAN 1 4 1983 GENERATOR GENERATOR MUST (4) ALTERNATE TSD FACILITY ② DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER NEAR THE OR FEDERAL PROGRAM) (2) NAME EPA NO. ADDRESS _ EPA NO. EPA NO. CITY, STATE, ADDRESS 21 **ADDRESS** CITY, STATE, CITY, STATE ORDER PLACED BY 6. 6477 PHONE NO. -**PHONE NO** P.O. / CONTRACT NO. U.S. DOT HAZARD WEIGHT OR VOLUME UNITS CONTAINERS: NUMBER (1) U. S. DOT PROPER SHIPPING NAME DUMP OMBUSTIBLE 2500 6K (CARTONS DRUMS BAGS TANK WASTE OTHER **◎** WASTE CATEGORY O EX. HAZ. WASTE PERMIT NO. GENERATING PROCESS CONC. RANGE UNITS CONO RANGE UNITE O LIST COMPONENTS: UPPER LOWER A016 B.COOLANT CUMITAM NONHAZARDOUS MATERIAL WASTE PROPERTIES: FLAMMABLE CORROSIVE/IRRITANT REACTIVE SENSITIZER CARCINOGEN/MUTAGEN PHYSICAL STATE: SLUDGE SPECIAL HANDLING INSTRUCTIONS: GLOVES GOGGLES RESPIRATOR GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE ROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT 2 MENNES R IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802. SIGNATURE OF AUTHORIZED AGENT & TITLE DATE SHIPPED TRANSPORTER | (HAULER MUST COMPLETE) (A) NAME LIQUID WASTE MANAGEMENT JOB NO. C A D 0 0 0 0 7 ADDRESS P.O. BOX 1082 CITY, STATE, SUN VALLEY, GALFORNIA 91352 PHONE NO. (213) 767-4424 SIGNATURE OF AUTHORIZED AGENT & TITLE TSD FACILITY (OPERATOR MUST COMPLETED ① NAME HANDLING OR DISPOSAL METHOD 1 STATE FEE (IF ANY) \$ EPA NO. INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT INJECTION WELL LAND TREATMENT TREATMENT (SPECIFY) IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: RECOVERY OR REUSE STORAGE/TRANSFER

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CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION

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INSTRUCTIONS. PLEASE TYPE	LIFORNIA HAZARDOUS WASTE MANIFEST STATE DEPARTMENT OF HEALTH SERVICES THAZARDOUS MATERIALS MANAGEMENT SECTION 744 P STREET, SACRAMENTO, CA 95814	363 - 002966 6 33 83
GENERATOR (GENERATOR MUST COMPLETE)	_	ALTERNATE TSD FACILITY
@ NAME BENDIX CORP.	O DESIGNATED 13D 1 ACIENT	PPROVED STATE OR FEDERAL PROGRAM)
EPA NO. [CA D D G 3 2 5 3 3 4	NAME AKK LANDFILL	NAME
ADDRESS 11500 SHERHAN WAY	EPA NO. CADOG7236749	EPA NO.
CITY, STATE, NO. HOLLYWOOD, CA. 91605	_ ADDRESS _ 2210 HZVSH HIE	ADDRESS
PHONE NO. (213) 765-1010	ZIP CODE W. COVINT CIT	CITY, STATE, ZIP CODE
	82 PHONE NO. 365-0916	PHONE NO.
CONTRACT NO. 8067-257/09		
3 U. S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD UN/NA WEIGHT UNITS	CONTAINERS: NUMBER
WASTE CIL + WATER	NONE 3500 GHL	DRUMS BAGS CARTONS THUCK
WASTE		TANK
WASTE CATEGORY OIL TWATER	● EX. HAZ. WASTE PERMIT NO	(a) GENERATING PROCESS THEHINE WERE
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A		PPM
C	% PPM G	% / PPM
D	% PPM NONHAZARDOUS MATERIAL	%
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TRANSPORTER (HAULER MUST COMPLETE)	•	,
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EPA NO. C A D O O O 7 2 8 4 3 ADDRESS _ P.O. BOX 1082	UNIT NO.	TIME JULIS AJAM LIPM
CITY STATE SUN VALLEY, CALIFORNIA 91352		
PHONE NO. (213) 767-4424	6 Hiller	Truer
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@ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DE	ESIGNATED TSD FACILITY	RECOVERY OR REUSE STORAGE/TRANSFER
NAME		10105
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REVISED 11/80		GENT & TITLE DATE ACCEPTED

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

CALIFORNIA HAZARDOUS WASTE MANIFEST STATE DEPARTMENT OF HEALTH SERVICES HAZARDOUS MATERIALS MANAGEMENT SECTION

PRESS HARD DDP	744 P STREET, SACRAMENTO, CA 95814	03277	
GENERATOR (GENERATOR MUST COMPLETE) HIST STATES AND ADDRESS OF THE STA	① DESIGNATED TSD FACILITY	ALTERNATE TSD FACILITY	
② NAME BENDIX CORP EPA NO. UADOUS 3 2 5 3 3 4 ADDRESS 11600 SHERMAN MAKK WAY CITY STATE NO. HOLLYWOOD, CA. 91605 PHONE NO. (213) 765-1010 ORDER PLACED BY US SPECK BATE 9-15-8 CONTRACT NO. SOC 7-257109	NAME	NAME PA NO. ADDRESS CITY STATE PHONE NO. PHONE NO.	
(3) U. S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD UN/NA WEIGHT CLASS I.D. NO. OR VOLUME	NITS CONTAINERS: NUMBER	
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EPA NO. REVISED 11/80	SIGNATURE OF AUTHO	TIZED AGENT & TITLE DATE ACC	EPTED

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STATE DEPARTMENT OF HEALTH SERVICES

363 - 002510

DATE ACCEPTED

HAZARDOUS MATERIALS MANAGEMENT SECTION 03175 PRESS HARD 744 P STREET, SACRAMENTO, CA 95814 GENERATOR (GENERATOR MUST CON ALTERNATE TSD FACILITY 1 DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM) 11600 SHEKMAN WAY EPA NO. ADDRESS CITY STATENO, HOLLYWOOD, **ADDRESS ADDRESS** CITY, STATE, PHONE NO. (213) 765-1010 ZIP CODE PHONE NO. PHONE NO. P.O. / CONTRACT NO. U.S. DOT HAZARD WEIGHT OR VOLUME UNITS CONTAINERS: NUMBER DUMP GALI CARTONS DRUMS OTHER WASTE DEX HAZ WASTE PERMIT NO MORE O GENERATING PROCESS MACHINE WASTE CATEGORY AOL O LIS COMPONENTS NONHAZARDOUS MATERIAL WASTE PROPERTIES: REACTIVE SENSITIZER CORROSIVE/IRRITANT CARCINOGEN/MUTAGEN PHYSICAL STATE: SPECIAL HANDLING INSTRUCTIONS: IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802. SIGNATURE OF AUTHORIZED AGENT & TITLE DATE SHIPPED TRANSPORTER (HAULER MUST COMPLETE) MAME LIQUID WASTE MANAGEMENT JOB NO PICK-UP DATE C A D 0 0 0 0 7 2 P.O. BOX 1082 ADDRESS ZIP CODE SUN VALLEY, CALIFORNIA 91352 PHONE NO. (213) 767-4424 SIGNATURE OF AUTHORIZED AGENT & TITLE TSD FACILITY (OPERATOR MUST COMPLETE) O NAME HANDLING OR DISPOSAL METHOD SURFACE IMPOUNDMENT LANDFILL INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT INJECTION WELL LAND TREATMENT TREATMENT (SPECIFY) 1 IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY RECOVERY OR REUSE NAME

SEE REVERSE SIDES FOR -INSTRUCTIONS. PLEASE TYPE OR PRINT CLEASELY. PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814



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GENERATOR (GENERATOR MUST COMPLETE)	① DESIGNATED TSD FACILITY	ALTERNATE TSD FACILITY
NAME BENDIN CORP.	(AUTHORIZED TO OPERATE UNDER AN AP	PROVED STATE OR FEDERAL PROGRAM)
PA NO. CADO 0 8 3 2 5 3 3 4	NAME DK (LAND FILL	NAME
ADDRESS 11600 STIFF MAN WAY	EPA NO. CADO 57786749	EPA NO.
PRODE NO HOLLYWOOD, CA. 91605	ADDRESS 5210 1+ IUSH AUE	ADDRESS
HONE NO. (213) 765 1010	ZIR CODE W. COMMA, CIAL	CITY, STATE,
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ADDRESS P.O. BOX 1082		
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PHIS ASSESSMENT OF THE PARTY OF

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION

DATE ACCEPTED

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STATE DEPARTMENT OF HEALTH SERVICES HAZARDOUS MATERIALS MANAGEMENT SECTION 363 - 11837

DATE ACCEPTED

PRESS HARD 744 P STREET, SACRAMENTO, CA 95814 GENERATOR (GENERATOR MUST COMPLETE) ALTERNATE TSD FACILITY (3) DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM) ② NAME NAME EPA NO. NAME EPA NO. EPA NO. **ADDRESS** CITY, STATE, **ADDRESS** ADDRESS CITY, STATE, CITY, STATE PHONE NO. ORDER 7/13/8 PHONE NO. ORDER PLACED PHONE NO. P.O. / CONTRACT NO WEIGHT OR VOLUME U. S. DOT HAZARD (1) U. S. DOT PROPER SHIPPING NAME これでは をはずべけやいしゃ と UNITS CONTAINERS: NUMBER DUMP GALS WASTE D.RUMS BAGS CARTONS TANK OTHER WASTE GENERATING PROCESS O EX. HAZ. WASTE PERMIT NO. **WASTE CATEGORY** UNITS CONC. RANGE CONC. RANGE UNITS LIST COMPONENTS: UPPER LOWER LOWER discurry a recursive NONHAZARDOUS MATERIAL **WASTE PROPERTIES** FLAMMABLE --TORROSIVE/IRRITANT SENSITIZER CARCINOGEN/MUTAGEN PHYSICAL STATE LIQUID SLUDGE **∠** SLURR₩ SPECIAL HANDLING INSTRUCTIONS: O GLOVES GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA. IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802. TRANSPORTER (HAULER MUST COMPLETE) NAME LIQUID WASTE MANAGEMENT PICK-UP DATE CADOOO 0 | 7 UNIT NO P.O. BOX 1082 ADDRESS CITY STATE SUN VALLEY, CALIFORNIA 91352 PHONE NO. (213) 767-4424 TSD FACILITY. CORERATOR-MUST-COMPLETE BY CHEROLOGY 1 QUANTITY HE MEASURED 1 1 14 NAME HANDLING OR DISPOSAL METHOD: O STATE FEE HE ANY SURFACE IMPOUNDMENT LANDFILL INDICATE ANY SIGNIFICANT DISCREPANCIES, BETWEEN MANIFEST AND SHIPMENT INJECTION WELL LAND TREATMENT TREATMENT (SPECIFY) IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY RECOVERY OR REUSE STORAGE/TRANSFER NAME EPA NO. REVISED 11/80 SIGNATURE OF AUTHORIZED AGENT & TITLE

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SEE REVERSE SIDES FOR INSTRUCTIONS, PLEASE TYPE OR PRINT CLEARLY.

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION

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DATE ACCEPTED

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CALIFORNIA HAZARDOUS WASTE MANIFEST

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DATE ACCEPTED

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GENERATOR CERTIFICATION: This is applicable regulations of the Department of	f Transportation and EPA.	ned materials are properly ci	essitied, described, i	packaged, marked,	labeled, and are in pro	oper condition for transpo	ortation accord	ling to th
IN THE EVENT OF A SPILL,	CONTACT THE NATI	ONAL	Wart.	Jack to 1	vais TANA		4-6-2	82.
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SEE MEVERSE SIDES FOR INSTRUCTIONS PLEASE TYPE OR PRINT CLEARLY

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES HAZARDOUS MATERIALS MANAGEMENT SECTION 744 P STREET, SACRAMENTO, CA 95814 363-002517

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GENERATOR MUST COMPLETE	① DESIGNATED TSD FACILITY	ALTERNATE TSD FACILITY
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ORDER PLACED BY WASTER SPECIFY BROKEN 3 - 34	PHONE NO 965-0916	PHONE NO.
CONTRACT NO.	PHONE NO	PHONE NO.
3 U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD UN/NA WEIGHT UNITS	CONTAINERS: NUMBER
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WASTE		TANK OTHER
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B	% PPM E	% PPN
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D	%PPM NONHAZARDOUS MATERIAL	%
WASTE PROPERTIES: PH X TOXIC FLAMMABL	,	CARCINOGEN/MUTAGEN
1 PHYSICAL STATE: SOLID ELIQUID SLUDGE SOCGE	SLUBRY GAS BOTHER COMMANDERS	
SPECIAL HANDLING INSTRUCTIONS: GOOGLE	ESTATE RESPIRATOR OTHER	
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TSD FACILITY COPERATOR MUSI COMPLETE		48 Frank manufacture alle
1) NAME	19 QUANTITY OF MEASURED 1. HA	NOLING OR DISPOSAL METHOD
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REVISED 11/80	SIGNATURE OF AUTHORIZED AG	SENT & TITLE DATE ACCEPTED

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1985 MANIFESTS

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÷	R.J. SLATTERBECK 17 Transporter 1 Acknowledgement of Receipt of Materials							10 log	95
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TY	20. Facility Owner or Operator: Certification of receipt of hazar item 19.	dous materials	s covered by	this ma	nifest e	xcept as note	d in		
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WHITTIER, CAL. 90602

CAD # 042245001

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

	Printed/Typed Name	Signature	Month Day Year
V	R. SLATTERBECK	1/2 December 1	10 15 185
T	17. Transporter 1 Acknowledgement of Receipt of Materials	2 <u> </u>	Date
Ä	Printed/Typed Name	Signature	Month Day Year
8	NINCEUT PARCE CE	I have contracted in	10 128
Q R	18. Transporter 2 Acknowledgement or Receipt of Materials		Date
Ţ	Printed/Typed Name	Signature	Month Day Year
Ř	VINCENT PONCE JR.	OOT OF TOO	
	19. Discrepancy Indication Space	00 1 % a 1200	
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Signature

Plant Engineering

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Date Year Month Day

Printed/Typed Name

Date

	FORM HAZARDOUS	1. Generator's		Man Docume	nt No.	2. Pag	is	not		he shaded ed by Fe	
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	3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynam	ntcs Division		87	352	638	umen	t Number	
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	4. Generator's Phone (818) 765-1010 5. Transponer 1 Company Name 6.	US EPA ID Numb	or	C 510	CADO te Transp			645	
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-4-4	20. Facility Owner or Operator: Certification of receipt of hazard Item 19.	lous materials covered I	by this mi	anifest	except as	noted	in		
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	3. Generator's Name and Mailing Address		457	35262	cymen	Number
	ALLIED CORPORATION-Bendix Electrod			e Generator's		
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	5. Transporter 1 Company Name	6. US EPA ID Number		e Transporter		·C106
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	7. Transporter 2 Company Name	8. US EPA ID Number	E.Stat	e Transporter'	s ID	0024-3343
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	9. Designated Facility Name and Site Address	10. US EPA ID Number	G.Stat	e Facility's ID		
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	2100 N. Alameda St., Compton, CA9022	2		lity's Phone		
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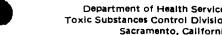


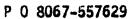
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	3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodyna			843	35261	cument N	Vumber	
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L T Y	20. Facility Owner or Operator: Certification of receipt of haz	cardous materials covered	by this m	anifest ex	cept as note	d in		
	Printed/Typed Name	Signature) arm	7 M	loch.	ndo		Date onth Day	

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	4. Generator's Phone (818) 75: 5. Transporter 1 Company Name	5-1010	6. US EPA ID N	lumber	CADO	08325334 Transporter's	i ID		
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	3. Generator's Name and Mailing Address	<u> </u>	ASIA	te-Manifest Do	Cument Number
П	BENDIX CORP. /ELECTRODYNAMICS DIV.		84	35251	4 .
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i I		S EPA ID Number	13.518	te Facility's ID	
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	Compton, CA 90222 LC A T O	8 0 0 1 3 3 5		13 537-71	00
	11. US DOT Description (Including Proper Shipping Name, Hazard Class,	and ID Number	ontainers	13. Total	14. Unit
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$\ \cdot\ $	16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of	f this consignment are	fully and a	ccurately descri	ibed
	above by proper shipping name and are classified, packed, marked, and	labeled, and are in all re	espects in		
П	transport by highway according to applicable international and national	governmental/regular	tions.	_	D-4-
	Printed/Typed Name Signa	Yra 1/2 1/.		14 E D	Month Day Year
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ORTER	18. Transporter 2 Acknowledgement or Receipt of Materials			 	Date
E	Printed/Typed Name Signa	ture			Month Day Year
P					
	19. Discrepancy Indication Space				
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l I	20. Facility Owner or Operator: Certification of receipt of hazardous maintenance 19.	terials covered by this	manifest	except as note	d in
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Ā	UNIFORM HAZARDOUS 1. Generator's		anifest ment No	2. Page 1	informatis not law.	require	he shaded areas ed by Federal
	3. Generator's Name and Mailing Address			A Signa	Santest Pr	cymen	t Number
1	Bendix Corporation Electrodnyamics 11600 Sherman Way	91v.					
	4. Nonertial Property CA 91605 (818)765-1	210			Generator's	ID	
1	5. Transporter 1 Company Name	6. US EPA ID Numb	per	C.State	ransporter		54995
	DISPOSAL CONTROL SERVICE	LCATOROG3		D.Transpo	orter's Pho	18 (81	8)824-3345
	7. Transporter 2 Company Name	8. US EPA ID Numb	er	L	ransporter's		·
	9. Designated Facility Name and Site Address	10. US EPA ID Numb	эөг	I	acility's ID		
	DEMENNO/KERDOON			CATO	8001335	2	
	2100 No. Alameda St. Compton.CA 90222	1 CAT 0 8 Q Q 1 3	3 3 5 2	H.Facility	100 miles (100 miles)		
			12.Cont		537-7 13.	14.	
G	11. US DOT Description (Including Proper Shipping Name,	Hazard Class, and ID Number,	No.	Туре	Total Quantity	Unit Wt/Vol	Waste No.
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	Additional Descriptions for Materials Listed Above	Jan 1984 Salar Barra	<u> </u>	K.Handlir	g Codes for	Waste	s Listed Above
	Water solub	le oils- 25			_	1.	•
	Mater Weter	-20% -78%					
	15. Special Handling Instructions and Additional Inform GOGGLES AND GLOVES	ation	7471a	·	· · · · · · · · · · · · · · · · · · ·		
	16. GENERATOR'S CERTIFICATION: I hereby declare tha above by proper shipping name and are classified, packed transport by highway according to applicable internation	d, marked, and labeled, and are	in all resp	ects in proj			
		$-\Delta H$	- Junior		· - · - · · · · · · · · · · · · · · · ·		Date
A	Printed/Typed Name R.J. Slatterbeck	Signature	4/				Month Day Year
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R A N	Printed/Typed Name	Signature			··············		Month Day Year
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O R T	18. Transporter 2 Acknowledgement or Receipt of Mat Printed/Typed Name	Signature		. स्टब्स्	-3	·<	Month Day Year
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	19. Discrepancy Indication Space						<u></u>
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L	20. Facility Owner or Operator: Certification of receipt of Item 19.	hazardous materials covered	by this m	anifest exc	ept as note	d in	
Ÿ							Date
-	Printed/Typed Name	Signature	1/3	11 1			Month Day Year
_	1) Any Walthata	- Jugar		Juston	All:		LXIE

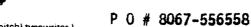
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	3. Generator's Name and Mailing Address BENDIX ELECTRODYNAMICS DIVN 11600 CHARDON VIVI							
	11600 SHERMAN WAY NO. HOLLYWOOD, CA, 916 4. Generator's Phone (· · · · · · · · · · · · · · · · · · ·	8) 765–1010		CA	Generator's D O 0 8	3 2	
	5. Transponer 1 Company Name OIL PROCESS CO	6. USEPAID Numb CAMOSIOSIDE	8 5 (D.Trans		ne (2		
$\ \ $	7. Transporter 2 Company Name	1	8. US EPA ID Numb		i	Transporter' porter's Pho		· · · · · · · · · · · · · · · · · · ·
	9. Designated Facility Name and Site A DEMINION KERDOON 2100 NO. ALAMEDA ST	10. US EPA ID Numb		C A	ty's Phone	01	3 3 5 2	
	COMPTON, CA.,,90222		CATO 8 000 1 3					*** *********************************
	11. US DOT Description (Including Proper S	hipping Name, h	lazard Class, and ID Number;	12.Conta	Type	13. Total Quantity	14. Unit Wt/Val	Waste No.
GENER	HAZARDOUS WASTE LIQUID N.O.S. ORM-E	NA 9189		001	СT	0 2 5 0 (G	222
ATOR	b.		· · · · · · · · · · · · · · · · · · ·					
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	J. Additional Descriptions for Materials	Listed Above		2. 【自己	K, Hand	ling Codes for	Wastes	s Listed Above
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	15. Special Handling Instructions and Ad	ditional Informa		RF	C E 1	VED		
			GLOVES			1985		
	16. GENERATOR'S CERTIFICATION: I her above by proper shipping name and are control transport by highway according to applic	lassified, packed,	, marked, and labeled, and are	in all resi	ects in p	curately descr Operconditio	ibed n for	Date
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1	Printed/Typed Name DAVID R. G				7			Month Day Year 0 2 2 6 8
- [1	o 18. Transporter 2 Acknowledgement or R R T Printed/Typed Name	Receipt of Mate	rials / Signature					Date Month Day Year
	Ŕ		Signature					L L L
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	1 20. Facility Owner or Operator: Certification Item 19.	n of receipt of h	azardous materials covered	by this m	anifest e	xcept as note	d in	Date
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	3. Generator's Name and Mailing Address BENDIX/FLECTRODYNAMICS DIVN. 11600 SHERMAN WAY			843	5260	g _{men}	t Number
	NO BOLLVERORS CA GIERE	3)765-1010			enerator's 1325334	ID	
	5. Transporter 1 Company Name OIL & SOLVENT PROCESS CO	6. C A D O O 8 3 O 2			ansporter's rter's Phon		8156 8)334-5117
	7. Transporter 2 Company Name	8. US EPA ID Numb		E. State To	ansporter's	ID	
	9. Official and The West Process Sco. Address	10. US EPA ID Numb	er	G.State F	Scility's 10 18302903		
	AZUSA, CA., 91702	CADO08602	2 9 0 3	H.Facility	Phone 318)334-	-5117	
	11. US DOT Description (Including Proper Shipping Name,	, Hazard Class, and ID Number)	12.Conta		13. Total luantity	14. Unit Wt/Val	L. Waste No.
G E N E R	WASTE TRICHLOROETHANE ORM A	UN 2831			150	G	J u
A T O R	WASTE HAZARDOUS LIQIOD ORM E	UN 9189	0 0 1	DM 0	0 5 0	G	211
	" WASTE FLAMMABLE LIQUID /J.O.S	UN 1993 🗡	007 56 8	DM DX	X EXTX	G	214
	d.					F.0	
	J. Additional Descriptions for Materials Listed Above A-1 TRI 85% QIL & GREASE 15% C-1 B-1 FREGN 95% FLUX 5% C-3	OIL & HEPTANE PATHTANGET TORS METHANGET TORS	20¥	K.Handlin	Codes for	Waste	s Listed Above
	15. Special Handling Instructions and Additional Information MAKE SURE ALL BUNGS ARE TIGHT	nation					
	16. GENERATOR'S CERTIFICATION: I hereby declare the above by proper shipping name and are classified, packet transport by highway according to applicable internation	ed, marked, and labeled, and are	in all resp	ects in prop	ately describ er condition	ed for	Date
	R.J.SLATTERBECK	Signature	Ø.	REC	8 8 9 5		Month Day Year 0 2 2 6 8 5
Ť	17. Transporter 1 Acknowledgement of Receipt of Ma	terials	0	10	7.()		Date
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P	18. Transporter 2 Acknowledgement or Receipt of Ma	terials			U 700715	7	Date
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LITY	20. Facility Owner or Operator: Certification of receipt of Item 19.	f hazardous materials covered	by this ma	anifest exc	ept as noted	d in	Date
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	3. Generator's Name and Mailing Address			A-Sta	te Menitest Do	Sumen	it Number	١
ı	BENDIX/ELECTRODYNAMICS DIVISION			4	135250			╛
	11600 Sherman Way , No. Hollywood	. CA 91605		B.Sta	te Generator's	ID		1
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١	4. Generator's Phone (818) 765-1010 5. Transponer 1 Company Name	6. US EPA ID Nun	nber	C.Sta	0008325334 te Transporter	s ID _		٦
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	2100 No. Alameda St.			100	ility's Phone			
	Compton, CA 90222	[C A T 0 8*0 0 1	3.3.5.2	(2	13) 537-71	00		1
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	16. GENERATOR'S CERTIFICATION: I hereby declare that	at the contents of this consignr	nent are ful	y and a	ccurately descr	bed	· — · · · · · · · · · · · · · · · · · ·	┪
	above by proper shipping name and are classified, packet				proper condition	n for		١
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	District Country Manager	16:					Date	_
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ő	18. Transporter 2 Acknowledgement or Receipt of Mar	terials		 -			Date	٦
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FACILITY	20. Facility Owner or Operator: Certification of receipt of Item 19.	f hazardous materials covered	d by this m	anifest	except as note	od in	Date	
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Department of Health Services
Toxic Substances Control Division
Sacramento, California

(Form designed for use on elise.(12 1. Generator's US EPA ID No. Manifest 2. Page 1 UNIFORM HAZARDOUS Information in the shaded areas is not required by Federal C A D 0 0 8 3 2 5 3 3 4 Decument No **WASTE MANIFEST** Generator's Name and Mailing Address BENDIX/ELECTRODYNAMICS DIVISION State Manifest Document Number 84352607 11600 Sherman Way B.State Generator's ID No. Hollywood, CA. 91605 Generator's Phone ((818) 765-1010 CAD008325 Transporter 1 Company Name **US EPA ID Number** C.State Transporter's ID DISPOSAL CONTROL SERVICE C. A. T. O. 8. O. O. 3. 4. 1. 8. 4 D.Transporter's Phone (840)824-3345 US EPA ID Number 7. Transporter 2 Company Name E. State Transporter's ID F. Transporter's Phone 9. Designated Facility Name and Site Address US EPA ID Number G.State Facility's ID ENVIRONMENTAL PROTECTION CORP. , Highway 33 CAT080010283 Fellows, CA. IC. A. T. O. 8. O. O. 1. O. 2. 8. 3 12.Containers 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number, Total Unit Waste No. Type Quantity Wt/Val No. a. Petroleum Waste 011 & Water N.O.S. Combustible Liquid UN 1270 0,0,1|0,7 G 222 0-3-5-0-0 b. T 0 C. d. Additional Descriptions for Meterials Listed Above K. Handling Codes for Wastes Listed Above WATER SOLUBLE OILS orts 52 MATER 90% 15. Special Handling Instructions and Additional Information KEEP AWAY FROM HEAT AND OPEN FLAME 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. Date Printed/Typed Name W.J. SPECK Month Day Signature Year W 1 |30 18 . 5 17. Transporter 1 Acknowledgement of Receipt of Materials Date Month Day Printed Typed Name Signature Year L. Alle TAND 1985 18. Transporter 2 Acknowledgement or Receipt of Materials Date Plant Engineering Printed/Typed Name Signature Month Day Year 9. Discrepancy Indication Space 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this materials except as noted in Item 19. Date Signature Printed/Typed Nam Month Day Year San

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[]	11600 SHERMAN WAY					B. Stat	e Generator's	3 ID		
$\ \cdot\ $	NO HOLLYWOOD, CA., 94. Generator's Phone (818) 76	1605 5-1010								
11	5. Transporter 1 Company Name	6.		ID Numbe	ər	C.Stat	e Transporte	's ID	E-7475	007
	DISPOSAL CONTROL SERVICE	E 1.	CATO800341	84		D.Trar	sporter's Pho	one (g	109) 824-3	345
$\ \cdot\ $	7. Transporter 2 Company Name	8.	US EPA	ID Numbe	er	E. Stat	e Transporte	's ID		
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G	11. US DOT Description (Including Proper S	Shipping Name, Ha	zard Class, and IC	Numberi	No.	Туре	Total Quantity	Unit Wt/Vo		о.
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	 Generator's Name and Mailing Address ALLIED CORPORATION/Bendix Electron 	iynamics Division		82	135268	I	t Number	- {	
	11600 Sherman Way, N. Hollywood, (CA 91605			te Generator's		· · · · · · · · · · · · · · · · · · ·		
	4. Generator's Phone (818) 765-1010 5. Transponer 1 Company Name	6. US EPA ID Numb		1	ADO 083253		1724		
	DISPOSAL CONTROL SERVICE	IC.A.T.0.8.0.0.3.4					6354 1) 824-334	15	
	7. Transporter 2 Company Name	8. US EPA ID Numb	er	L	te Transporter's				
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1	11. US DOT Description (Including Proper Shipping Name,	Hazard Class, and ID Number,		1_	Total	14. Unit Wt∕Vol	Waste No.	3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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Department of Health Services Toxic Substances Control Division Sacramento, California

(Form designed for use on elite (12-pitch) typewriter.) Information in the shaded areas is not required by Federal Manifest UNIFORM HAZARDOUS 2. Page 1 **WASTE MANIFEST** C A D O O 8 3 2 0.0.0.68 State Manifest Document Number 84352682 Generator's Name and Mailing Address ALLIED CORPORATION/Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605 B. State Generator's ID Generator's Phone (919)
Transporter 1 Company Name 765-1010 C.State Transporter's ID US EPA ID Number D.Transporter's Phone DISPOSAL CONTROL SERVICE Transporter 2 Company Name US EPA ID Number E. State Transporter's ID F. Transporter's Phone 9. Designated Facility Name and Site Address US EPA ID Number G.State Facility's ID CHEMICAL WASTE MANAGEMENT CATO 006461 **建**位的位置。 H.Facility's Phone 35251 Skyline Kettleman City, CA C-A-T-0-0-0-6-4-6-1-1-7 209) 386-971 12.Containers 13 Waste No. 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number, Total Unit Туре Quantity N 29.6 HAZARDOUS WASTE SOLID, N.O.S. UN 9189 ORM-E E 7/1 ²512 R A b. 0 d. J. Additional Descriptions for Materials Listed Above K. Handling Codes for Wastes Listed Above TANKS AND WOOD CONTAMINATED WITH PLATING SOLUTION 03 REFER TO MASTE PROFILE & D. 74980 15. Special Handling Instructions and Additional Information JAN 5 385 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national povernmental regulations. Date Month Day Printed/Typed Name Signature Year R.J. Slatterbeck 4Date 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Month Day Year Signature 18. Transporter 2 Acknowledgement or Receipt of Materials Date Printed/Typed Name Month Day Year Signature 19. Discrepancy Indication Space 9. Improper Facility Address 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Date. Month Day Printed/Typed Name Signature Year Abelleiva cardo

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Sacramento, California Please print or type. (Form designed for use on elite (12-pitch) typewriter.) Generator's US EPA ID No. Manifest Information in the shaded areas UNIFORM HAZARDOUS Document No. is not required by Federal **WASTE MANIFEST** A D D D D 8 3 2 5 0.0.05.0 Generator's Name and Mailing Address State Maryless Document Number 84352572 ALLIED CORPORATION-Bendix Electrodynamics Division B.State Generator's ID 11600 Sherman Way, N. Hollywood, CA 91605 Generator's Phone (818 CADO 082533 C.State Transporter's 765-1010 Transporter 1 Company Name D.Transporter's Phone 17 Transporter 2 Company Name E. State Transporter's ID F. Transporter's Phone 9. Designated Facility Name and Site Address US EPA ID Number G.State Facility's ID CHEMICAL WASTE MANAGEMENT CATO 00646117 35251 Skyline H.Facility's Phone Kettleman City, CA [C-A-T-0-0-0-6-4-6-1-1-7] (209) 386-97 12.Containers 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number Unit Total Waste No. Type Quantity Wt/Vo 8. E HAZARDOUS WASTE SOLID, N.O.S., ORM-E, NA 9189 0016 b. T 0 d. J. Additional Descriptions for Materials Listed Above K. Handling Codes for Wastes Listed Above REFER TO MASTE PROFILE SHEET & 52718 CONTAMINATED SOIL WITH PLATING SOLUTIONS 15. Special Handling Instructions and Additional Information 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. Date Printed/Typed Name Signature Month Day Year 1 2 16 8 5 R.J. SLATTERBECK 17. Transporter 1 Acknowledgement of Receipt of Materials Date Printed/Typed Name Month Day Year Signature 767 18. Transporter 2 Acknowledgement or Receipt of Materials Date Printed/Typed Name Signature Month Day Year 19. Discrepancy Indication Space Plant Engineering 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Date Printed/Typed Name Month Day ARUNXA-1 Ghes



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Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Signature

Printed/Typed Name

Date

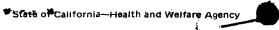
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	CHEMICAL WASTE MANAGEMENT			H Fav	CATO OOM		
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	above by proper shipping name and are classified, packet	d, marked, and labeled, and are	iń all resp	ects in			
	transport by highway according to applicable internation	nal and national governmental	regulation	18.			Date
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H	Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT	. 4	111		0064611	1/ ~	
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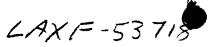
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$\ \cdot\ $	3. Generator's Name and Mailing Address	, 0 30	A Sta	e-Manitest Do	cumen	t Number
	ALLIED CORPORATION-Bendix Electrodynamics			30200		· · · · · · · · · · · · · · · · · · ·
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	4. Generator's Phone (818) 765-1010 5. Transporter Company, Name 6. US EPA ID Numb	200	C Stat	DO 0825334 te Transporter's	10 Z	2615
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	 GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment above by proper shipping name and are classified, packed, marked, and labeled, and are 					
	transport by highway according to applicable international and national governmental	regulation	18.		-	Date
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1	19. Discrepancy Indication Space					
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(Form designed for use on elite (12-pitch) typewriter.) Manifest 2. Page 1 Information in the shaded areas 1. Generator's US EPA ID No. UNIFORM HAZARDOUS is not required by Federal Document No. **WASTE MANIFEST** C A D O O 8 3 2 0.0.0.49 State Manifest Document Number 84352660 Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division B.State Generator's ID 11600 Sherman Way, N. Hollywood, CA 91605 Generator's Phone (818)
Transporter 1 Company Name CADO 0825334 C.State Transporter's US EPA ID Number 980814883 11415 D.Transporter's Phone -(ul US EPA ID Number 7. Transporter 2 Company Name E. State Transporter's ID F. Transporter's Phone 9. Designated Facility Name and Site Address G.State Facility's ID US EPA ID Number CHEMICAL WASTE MANAGEMENT 35251 Skyline IC · A · T · O · Q · O · 6 · 4 · 6 · 1 · 1 · 7 Kettleman City, CA 12.Containe EAKEL! 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number, Total Unit Waste No. Type Quantity Wt/Vol E N E HAZARDOUS WASTE SOLID N.O.S., ORM-E, NA 9189 0 0 1 10 7 R A T b. 0 C. d. J. Additional Descriptions for Materials Listed Above K. Handling Codes for Wastes Listed Above REFER TO WASTE PROFILE SHEET # F53718 CONTAMINATED SOIL WITH PLATING SOLUTIONS 15. Special Handling Instructions and Additional Information GLOVES AND GOGGLES 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. Date Month Day Year Printed/Typed Name Signature R.J. SLATTERBECK <u> 211 618 5</u> 17. Transporter 1 Acknowledgement of Receipt of Materials Date RANSPORTER Printed/Typed Name Signature Month Day Year DW KING 12 /6 3 BrIUM 18. Transporter 2 Acknowledgement or Receipt of Materials Date Printed/Typed Name Signature Month Day Year 19. Discrepancy Indication Space Plant Engineering 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Date Printed/Typed Name Month Day Signature



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	3. Generator's Name and Mailing Address		A.Şta	te Manifest D	ocumen	t Number
	ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, Ca 91605	1	L	135265		
	4. Generator's Phone (818) 765-1010		1	te Generator's 00 0825334		
	5. Transporter 1 Company Name 6. US EPA ID N		C.Sta	te Transporter	's ID	62621
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	4. Generator's Phone (919) 765-1010 5. Transporter 1 Company Name 6.			_ ca	no ogađaja te Transporter	A			
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╟	9. Designated Facility Name and Site Address 10	O. US EPA ID Numb	er	I	te Facility's IC		ng is the last of Hash in the entire		
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	DEFER TO MASTE PROFILE SHEET # 18371 CONTAMINATION SOIL WIT	THE PLATING	<i>∞</i> \$	K.Har	ndling Codes fo	r Waste	s Listed	Above	**************************************
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Department of Health Services Toxic Substances Control Division Sacramento, California

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	3. Generator's Name and Mailing Address			A State	Manitest Do	crimen	t Number
	ALLIED CORPORATION/Bendix Electrodynamic 11600 ShermanWay , N. Hollywood, CA 910	cs Division			Generator's		
	4. Generator's Phone (818) 765-1010 5. Transponer 1 Company: Name 6.			CADO	08325334	· L	
		US EPA ID Numbe			Transporter's orter's Phon		6356
	7. Transporter 2 Company Name 8.	US EPA ID Numbe			Transporter's	7 (11)	0) 824-3345
		<u> </u>			orter's Phon	• •	
	9. Designated Facility Name and Site Address 10.	US EPA ID Numbe	er		Facility's ID		A Company
	CASMALIA Resource Management NTU Road	1		H.Facilit	ADO 2074	8125	
		D:0:2:0:7:4:8:	1:2:5	1	105) 937-		
G	11. US DOT Description (Including Proper Shipping Name, Hazard	Class, and ID Number)	12.Conta No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
ENER	HAZARDOUS WASTE SOLID N.O.S. ORM-E UN9189		0 · 0 · 1	C M O	0.0.2.5	Υ	131
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	transport by highway according to applicable international and		eguation	s.		[Date
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Ţ	17. Transporter 1 Acknowledgement of Receipt of Materials	1 11/1/2010	<u> </u>			[Date 25
TRANSP.	Printed/Typed Name 7//12/2/ 2/1/ A/// A	Signature					Month Day Year
8 P	18. Transporter 2 Acknowledgement or Receipt of Materials		1.	· ·			Date
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l l	19. Discrepancy Indication Space						
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# 4 0-1-F	20. Facility Owner or Operator: Certification of receipt of hazarde ltem 19.	ous materials covered b	y this ma	nifest ex	cept as noted	in ,	
4	Printed/Typed Name	Signature	/	<u> </u>			Date Month Day Year
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EPA Form 8700-22A (3-84)

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	3. Generator's Name and Mailing Address ALLIED CORPORATION/Bendix Electrodynamics Divisi	on		04	3526	JJ	nt Number	
	11600 Sherman Way, N. Hollywood, CA 91605			B.Sta	te Generato	r's ID		
	4. Generator's Phone (818) 765-1010				ADO 0832			4
		ID Numbe					00527	
	DISPOSAL CONTROL SERVICE IC-A-T-0-8-0-			D.Tra	nsporter's P	hone (8	00)824-33	145
	7. Transporter 2 Company Name 8. US EPA	ID Numbe	er		te Transport			
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	Casmalia, CA 93429 <u>[C.A.D.0.2.0.</u>	<u>7 · 4 · 8 ·</u>		_		8449		٠,
G	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID	Number	12.Conta	Type	13. Total Quantity	14. Unit Wt∕Vol	Waste N	o.
E	WASTE CORPOSIVE SOUTH N O. S. LIN . Commenter M.							
N E	*WASTE CORROSIVE SOLID N.O.S. UN 1759, Corrosive M	ישני						
R	erial		0 1 3	D M	0 3 2	<u> </u>	111	
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	d.		-				-	
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							L	
ā-	J. Additional Descriptions for Materials Listed Above SOLIDIFIED IN 1 Drums 1,2,3823 Chrostic Acid ph 2.0	VERNIC	ULITE	10,1101	idining Codes	3 Z	s Listed Abov	
a-	2 Drums 485 Hitric Acid ph 2.5	3		1		اندن		
9	3 Drums 6.7.289 Muriatic Acid ph 2.5 4 Drums 10.11,12 Hydrochioric Acid ph 2.0							٠
Ī	15. Special Handling Instructions and Additional Information		` <u></u>	<u></u>		 		
	Protective clothing and goggles							
	SEE ATTACKED CONTINUATION SHOET							
	16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this co	onsignme	nk are ful	ly and a	ccurately de	scribed		
	above by proper shipping name and are classified, packed, marked, and labeled	,and are i	n all resp	ects in				
	transport by highway according to applicable international and national govern	amental r	egulation /:	18.			Date	
	Printed/Typed Name Signature Signature	1001	1/1				Month Day	Yes
٧	R.J. SLATTERBECK	1 to	#				11-210-9	
Ť	17. Transporter 1 Acknowledgement of Receipt of Materials						Date	
RAN	Printed/Typed Name Signature						Month Day	Yes
8	Printed/Typed Name ANAMA Signature	France 1	772	17	Timo	2000	V2109	63
P	18. Transporter 2 Acknowledgement or Receipt of Materials						Date	
R	Printed/Typed Name Signature						Month Day	Yes
R					100	312)	1 1	· ·
_	19. Discrepancy Indication Space			- j:				
_					ot Indian	oring		
FAC				Plot				
1	20. Facility Owner or Operator: Certification of receipt of hazardous materials	covered h	y this m	anifest	except as n	oted in		
Ţ	Item 19. (258/0		,			•	Date	
	Printed/Typed Name Signature			1			Month Day	ΥE
		1	1 1	/	1		1 141 26	1 :
	Casmalia Rescurics Vas	0-1-1	1-11	111	un		<i>L/</i> ∡(/×	

State of	California—Health and Welfare Agency					Substai	ent of Health Service: nces Control Division acramento, California
Please p	rint or type. (Form designed femus of elite (12-gitch) types UNIFORM HAZARDOUS 1: Generato	Fe US EPA IDINO MA M	and the ment No.		is not		the shaded areas red by Federal
3	WASTE MANIFEST C A D O Generator's Name and Mailing Address	0.8:3:2:5 C.34-1.60	0 0 4	A.Sta	law.	cume	nt Number
	ALLIED CORPORATION/Bendix Electro	dunamice Division			435265		
	11600 Sherman Way, N. Hollywood,	CA 91605		B.Sta	ite Generator's	ID	· · · · · · · · · · · · · · · · · · ·
4.	Generator's Phone (219) 765-1010 Transporter 1 Company Name			4.3:1	CADO GBSE3	34-	· · · · · · · · · · · · · · · · · · ·
1 1	•	US EFA ID NUME	oer		nsporter's Pho		(, =
	DISPOSAL CONTROL SERVICE Transporter 2 Company Name	8. US EPA ID Numb	1 8 4		te Transporter		00)824-3345
				F. Tra	insporter's Phoi	ne :	
9.	Designated Facility Name and Site Address	10. US EPA ID Numb	er	G.Sta	ite Facility's ID		المراجع المراج
	CASMALIA- Resource Management	•		3 4.2	CADO 20748	125	
	NTU Road Casmalla, CA 93429	IC-A-S-0-2-0-7-4-8		82 3 B	cility's Phone		1 Table 1
			12.Conta		905) 937-8	14.	
111.	US DOT Description (Including Proper Shipping Name	e, Hazard Class, and ID Number,	No.	Туре	Total Quantity	Unit Wt/Vo	Waste No.
E 8.		<u> </u>					
E	WASTE CORROSIVE LIQUID N.O.S. UN	1760 Corrosive Mat	0.0.1	C.T	0.2.0.0.0	G	111
A b.		2700,001103172 1/201	0.0.1	<u> </u>	02000	 "	434
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R		,		<u>L </u>			
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	<u> </u>		<u> </u>			<u> </u>	
	Additional Descriptions for Materials Listed Above Chromic Acid - 72 Caustic Soda 57 Water 88% * Neutralized Acid Solution PH-4 Special Handling Instructions and Additional Infor				ndling Codes for		ecil,
	Protective clothing Eye Protection GENERATOR'S CERTIFICATION: I hereby declare to above by proper shipping name and are classified, pack transport by highway according to applicable internation.	nat the contents of this consignm ted, marked, and labeled, and are	in all resp	ects in			
	Printed/Typed Name	Signature					Month Day Year
Y	R.J. Slatterbeck	1 X A	1				12 b6 B5
T 17.	Transporter 1 Acknowledgement of Receipt of Ma			<u>/</u> .	\		Date
A	Printed/Typed Name	Signature	-		1(_)		Month Day Year
8 0 18.	Transporter 2 Acknowledgement or Receipt of Ma	aterials .	<u> </u>				Date
7	Printed/Typed Name	Signature					Month Day Year
R							
19.	Discrepancy Indication Space		J;	- : 1	. j 1500		
FAC			9121	t En	gineering		
ļ 20.	Facility Owner or Operator: Certification of receipt of	hazardous materials covered	by this m	anifesi	t except as note	d in	
•	13.#65334-15,600 h	US.					Date
(Printed/Typed Name ASNIALIA 90 SOURCES	Signature Alice Oxio	est	lle	is the	ret	Month Day Year 1/2/06/85

A	se print or type. (Form designed for use on elife (12-pitch) typewriter.)	<u> </u>				
- 1 1	UNIFORM HAZARDOUS 1. Generator's US EPA ID No:	nanifest ument No.	2. Pag of	e 1 Informat is not 1 law.	ion in t require	he shaded areas ed by Federal
	3. Generator's Name and Mailing Address	U U+ 'E		35265	cumen	t Number
	ALLIED CORPORATION /Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605		84	は Generator's	<u>5</u>	
	4. Generator's Phone (818) 765-1010			te Generators VDO 082533		
	5. Transporter 1 Company Name 6. US EPA ID Num		C.Sta	te Transporter's	s ID (06349
	DISPOSAL CONTROL SERVICE [C.A.T.O.8.O.O.3.4	1.8.4	D.Tra	nsporter's Phor	ne (81	8) 824-3345
	7. Transporter 2 Company Name 8. US EPA ID Num	Der		te Transporter's		·····
$\ \cdot\ $	9. Designated Facility Name and Site Address 10. US EPA ID Num CASMALIA-Resource Management	ber	G.Ste	te Facility's ID	CAI	SKID NEVICUC
	NTU Road		C/	SO 207481	25	7000 AT 0100
$\ $	Casmalia, CA 93429 <u>IC-A-S-0-2-0-7-4-8</u>	t.1.2.E		ility's Phone 1051 937-8	449	
	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number	12.Conta		13.	14.	
Ġ	11. 00 001 Description producing Froper Stilpping Marie, nazaro Class, and ID Number	No.	Туре	Total Quantity	Unit Wt/Vol	Waste No.
E	WASTE PETROLEUM OIL N.O.S./COMBUSTIBLE LIQUID UN1270					
E R	The state of the state of	0 0 1	C T	0-3-6-0-0	G	222
A	b.					
O R		.				
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	d. .					
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	J. Additional Descriptions for Materials Listed Above		K.Har	ndling Codes for	Waste	B Listed Above
	Cutting of 1 25g				16/	<u>'C</u>
	Nater 685		:	C.	, -,	
1		·	<u> </u>			
	IR SARAGE MERALIAN INSTRUMENCE AND Additional Information					
	15. Special Handling Instructions and Additional Information					
	GLOVES AND GOGGLES					
	GLOVES AND GOGGLES	nent are ful	ly and e	ocurately descr	ihed	
	GLOVES AND GOGGLES 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment of the proper shipping name and are classified, packed, marked, and labeled, and are	e jiri all resp	ects in			
	GLOVES AND GOGGLES 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment of the contents of t	e jiri all resp	ects in		n for	Date
	GLOVES AND GOGGLES 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignm above by proper shipping name and are classified, packed, marked, and labeled, and are transport by highway according to applicable international and national objectmental printed/Typed Name Signature	e jiri all resp	ects in		n for	Month Day Year
Y	GLOVES AND GOGGLES 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment above by proper shipping name and are classified, packed, marked, and labeled, and are transport by highway according to applicable international and national objectmenta. Printed/Typed Name R.J. SLATTERBECK	e jiri all resp	ects in		n for	Month Day Year 1:111:98:5
Y	GLOVES AND GOGGLES 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignm above by proper shipping name and are classified, packed, marked, and labeled, and are transport by highway according to applicable international and national objectmental printed/Typed Name Signature	e jiri all resp	ects in		n for	Month Day Year
¥ TRANSP	GLOVES AND GOGGLES 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignm above by proper shipping name and are classified, packed, marked, and labeled, and are transport by highway according to applicable international and national objectmental Printed/Typed Name R.J. SLATTERBECK 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Signature Signature Signature	e jiri all resp	ects in	proper condition	n for	Month Day Year 1 1 1 9 8 5 Date Month Day Year
Y	GLOVES AND GOGGLES 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment above by proper shipping name and are classified, packed, marked, and labeled, and are transported by highway according to applicable international and national observmenta. Printed/Typed Name R.J. SLATTERBECK 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Signature Signature Signature 18. Transporter 2 Acknowledgement or Receipt of Materials	e jiri all resp	ects in		n for	Month Day Year 1 1 1 9 8 5 Date Month Day Year Date
Y	GLOVES AND GOGGLES 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignm above by proper shipping name and are classified, packed, marked, and labeled, and are transport by highway according to applicable international and national objectmental Printed/Typed Name R.J. SLATTERBECK 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Signature Signature Signature	e jiri all resp	ects in	proper condition	n for	Month Day Year 1 1 1 9 8 5 Date Month Day Year
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TRANSPORTER	GLOVES AND GOGGLES 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment above by proper shipping name and are classified, packed, marked, and labeled, and are transport by highway according to applicable international and national objectmenta. Printed/Typed Name R.J. SLATTERBECK 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Signature Signature Signature Signature Signature Signature Signature	e in all resp Vregulation	E C	proper condition	n for	Month Day Year 1 1 1 9 8 5 Date Month Day Year Date
TRANSPORTER	GLOVES AND GOGGLES 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment above by proper shipping name and are classified, packed, marked, and labeled, and are transport by highway according to applicable international and national objectmenta. Printed/Typed Name R.J. SLATTERBECK 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Signature Signature Signature Signature Signature Signature Signature	e in all resp Vregulation	E C	2 1985	n for	Month Day Year 1 1 1 9 8 5 Date Month Day Year Date
TRANSPORTER	GLOVES AND GOGGLES 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment above by proper shipping name and are classified, packed, marked, and labeled, and are transport by highway according to applicable international and national observmenta. Printed/Typed Name R.J. SLATTERBECK 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Signature Signature Signature Signature 18. Transporter 2 Acknowledgement or Receipt of Materials Printed/Typed Name Signature	e in all resp regulation	E CODEC	2 1985	nfor	Month Day Year 1 1 1 9 8 5 Date Month Day Year Date
Y	GLOVES AND GOGGLES 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment above by proper shipping name and are classified, packed, marked, and labeled, and are transport by highway according to applicable international and national objectmenta. Printed/Typed Name R.J. SLATTERBECK 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Signature Signature Signature Signature Signature Signature Signature	p in all responses of the property of the prop	DEC	2 1985	of in	Month Day Year 1 1 1 9 8 5 Date Month Day Year Date

105	of Cellibrata—Health and Welfare Agency 3-566327 e print or type. (Form designed for use on elite (12-pitch) typewriter.)	77.4			Substand	nt of Health Service ces Control Divisio cramento, Californi
4	UNIFORM HAZARDOUS 1. Generator's US EPA ID No. M. DocuMASTE MANIFEST C. A. D. O. O. 8. 3. 2. 53. 3. A. D. O.	anifest ment No.	2.Pag	Is not	require	he shaded areas ad by Federal
	3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division		A-Stq	te Manifest Da 35255	4	t Number
	11600 Sherman Way, N. Hollywood, CA 91605 4. Generator's Phone (818) 765-1010 5. Transponer 1 Company Name 6. US EPA ID Numb		C	ADO 082533	A	,
1				te Transporter'		
$\ \cdot\ $	7. Transporter 2 Company Name 8. US EPA ID Number		E. Sta	te Transporter'	s ID	8) 824-3345
			3	nsporter's Pho		
	9. Designated Facility Name and Site Address 10. US EPA ID Numb CASMALIA-Resource Management	ber	CA	te Facility's ID 50 2074812	* * · · · · · · · · · · · · · · · · · ·	
	NTU Road Casmalla, CA 93429 [C-A-D-0-2-0-7-4-8]		(8			
 -	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number,	12.Cont	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
	WASTE CORROSIVE SOLID, N.O.S. CORROSIVE MATERIAL UN 1759	0. 0. 9		0 0 01	5 Y	181
	b.					
	C.					
		<u> </u>	<u> </u>			·
	d.					
	J. Additional Descriptions for Materials Listed Above		K.Ha	ndling Codes for	Wastes	s Listed Above
	Hydrocloric Acid 305, solidified in vermiculite			· · · · · ·	03	}

Gloves and goggles and protective clothing

Extremely Hazardous Wasta Disposal Permit # 3-8299

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

	Printed/Typed Name	Signature	Month Day Year
	R.J. Slatterbeck		11 01 85
۳٦	17. Transporter 1 Acknowledgement of Receipt of Materials	1 11/1/	Date
	Printed/Typed Name	Signature	Month Day Year
	KEN HUDICN	For that	11/11/85
2	18. Transporter 2 Acknowledgement or Receipt of Materials	PE2E1150	Date
ŗ	Printed/Typed Name	Signature	Month Day Year
ì		NOV 2 C 1985	
	19. Discrepancy Indication Space	110	

Plant Engineering

20. Facility Owner/or/Operator: Certification of receipt	of hazardous materials covered by this manifest except as noted in
Item 19. 72 62 836	of hazardous materials covered by this manifest except as noted in

Printed/Typed Name

Signature

Month Day Year

Date

FACILITY

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A	UNIFORM HAZARDOUS 1. Generator's US EP	A ID No. M 3 2 5 3 3 4 0 (anifest ment No.	2. Pag of	e is not	ion in t requir	he shaded areas ed by Federal
	3. Generator's Name and Mailing Address		<i>J</i> · <i>U</i> · 4· (A,Sta	l law.	cumer	nt Number
	ALLIED CORPORATION - Bendix Electrodyna				135265		
	11600 Sherman Way, N. Hollywood, CA 916	505			te Generator's DO 082533		
	4. Generator's Phone (818) 765-1891 1010 5. Transposer 1 Company Name 6.	US EPA ID Numb	er		te Transporter		6234
	· · ·	·T ·0 ·8 ·0 ·0 ·3 ·4	1 -8 -4	D.Tra	nsporter's Pho	ne (8)	8)824-3345
	7. Transporter 2 Company Name 8.	US EPA ID Numb	er	3	te Transporter	s ID	
	Designated Facility Name and Site Address 10.	US EPA ID Numb			nsporter's Phor te Facility's ID		· · · · · · · · · · · · · · · · · · ·
	CASMALIA-Resource Management	OS EFA ID Nullio			50 2074812		
	NTU Road				lity's Phone		
	Casmalia, CA 93429 C.A	· \$0.2.0.7.4.8					
G	11. US DOT Description (Including Proper Shipping Name, Hazard	Class, and ID Number)	12.Conta	Type	13. Total Quantity	14. Unit Wt∕Vol	Weste No.
E	WASTE CORROSIVE SOLID N.O.S. UN 1759						
E	CORROSIVE MATERIAL		h n 3	h #	0 0 0 01	l v	131
R A	b.		0 0 3	<i>7</i>	<u> </u>	<u> </u>	
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R		···· · · · · · · · · · · · · · · · ·		<u> </u>		ļ	7.
	c.		[
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	Additional Descriptions for Materials Listed Above		<u> </u>	K Har	ndling Codes for	Waste	s Listed Above
	Additional Descriptions for Materials Listed Above	a solution lab	ŀ				
	Section through the verniculity. Ph 12		1				1
	Software Late	Cyenics CA	,		· · · · · · · · · · · · · · · · · · ·	.)	<i>3</i> · · · · · ·
	15. Special Handling Instructions and Additional Information	<u> </u>		<u> </u>	· · · · · · · · · · · · · · · · · · ·		
	10. Special Harvilling morridulous and Additional information						
	Gloves and goggles and protective clot	hing					
	Eubuspalis Hamandasa Hasta Massaci B.						
:	Extremely Hazardous Waste Disposal Perm 16. GENERATOR'S CERTIFICATION: I hereby declare that the co-		ent ere ful	wands	Courately descr	hed	···· ·
	above by proper shipping name and are classified, packed, mark	ed, and labeled, and ere	in all resp	ects in			
	transport by highway according to applicable international and	national governmental	regulation	15.			Date
	Printed/Typed Name R.J. Slatterbeck	Signature	\mathcal{A}				Month Day Year
<u>Y</u>	17. Transporter 1 Acknowledgement of Receipt of Materials	1.0-1000					11 ρ ₁ β 5
	Printed/Typed Name	Signature	1		-		Month Day Year
N 8	KEN HUDSON	12 1					11 61 20
OR	18. Transporter 2 Acknowledgement or Receipt of Materials	27			·		Date
RANSPORTER	Printed/Typed Name	Signature		R	E D E . ,	ε n	Month Day Year
_	19. Discrepancy Indication Space			1	10V 9 * 10	<u> </u>	<u> </u>
F	and the second s			:	10 V 2 ~ 19	85	
Ĉ.				Pla	ant England	מריץ	
FACILITY	20. Facility Owner or Operator: Certification of receipt of hazard	nus materiale covered	hy this m				
Y	Item 19. # 6 98 36 - 2 .380 //-	2 mareniais coseiso	≥7 una m	691	OACOPE OS HOLO		Date
	Printed/Typed Name	Signature	^	/	1		Month Day Year
	Carmela Recure	1 (Va (1/				11/12/81
		() was	111	11	sela		7 7 00





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	UNIFORM HAZARDOUS 1. Generator's US EF WASTE MANIFEST C A D 0 0 8	3 2 5 3 3 40 0	anifest ment No.	2.Page		not requi	the shaded a ired by Fed	
	Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynam	<u> </u>	030	A Stat	e_Manifes	t Docume	ent Number	
	11600 Sherman Way, N. Hollywood, CA 91	NICS DIVISION			3521			
	•	1003	ļ		e General			
	Generator's Phone (818) 765-1010 Transporter 1 Company Name 6.	US EPA ID Numb	190	C.Stat	0 0825 e Transpo	ster's ID	52530	
		VD-9-8-0-8-1-4			sporter's		213) 920-	7700
	7. Transporter 2 Company Name 8.	US EPA ID Numb		E. Stat	e Transpo	rter's ID		
ˈ _,	D. Designated Facility Name and Site Address 10.		· · ·		sporter's			
	CHEMICAL WASTE MANAGEMENT	US EPA ID Numb	er	C. Sex	0 0064			
	35251 Skyline			PAGE TO SEE	lity's Pho	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		galana. Geografia
11	Kettleman City, CA IC. A	I-T-0-0-0-6-4-6	12.Conta		13.	-9711		MATE AT
1	1. US DOT Description (Including Proper Shipping Name, Hazard	d Class, and ID Number,	.	. }	Total	Unit		No.
G -	I		No.	Туре	Quantit	Y WYD V	2/91	
N E	HAZARDOUS WASTE SOLID N.O.S. NA 9189	ORM-E					611	
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	Additional Descriptions for Materials Listed Above			K.Han	dling Code	s for Was	tes Listed Abo	ove
	REFER TO MASTE PROFILE SHEET # EB24260	E1			:	رسا ہر	• •	
		34				0 5	•	
	5. Special Handling Instructions and Additional Information			L				
	GOGGLES AND GLOVES							
	GOOGLES AND GEOVES							
	6. GENERATOR'S CERTIFICATION: I hereby declare that the co	ontents of this consignm	ent are full	l y a nd a	ccurately d	lescri be d		
	above by proper shipping name and are classified, packed, mark transport by highway according to applicable international and	ced, and labeled, and are	in all resp	ects in p	proper con	dition for		
		100	·				Date	
	Printed/Typed Name R.J. SLATTERBECK	Signature)- 				Month Day	
+	17. Transporter 1 Acknowledgement of Receipt of Materials	1/2					10 18 Date	85
Ř A N	Printed/Typed Name	Signature	}				Month Day	Year_
SP	JEMES Gronson	1/1 -()	10 G		<u> </u>		1.000	3 <u>65</u>
Q H	8. Transporter 2 Acknowledgement or Receipt of Materials		1	(E (, E I V	2 13	Date	
T E A	Printed/Typed Name	Signature		иол	/ 6 19	185	Month Day	/ Year
-	9. Discrepancy Indication Space	T .		,,,,	. 0 13			
	. a. a. bo. apontay manastran apona		Ŧ	Plant	Engine	Cri JE		
F A C			-					
l¦L	20. Facility Owner or Operator: Certification of receipt of hazard	four materials coursed	bu this m	anifec*	avcent co	noted is		
ţ	20. Facility Owner or Operator; Certification of receipt of nazaro Item 19.	1		1	10		Date	
	Printed/Typed Name KICAVCIO S. Apellolia	Signature		1	11.1	Varia	Manth Day	
	Vica vola > Hackbourd	1 Mari	ali 1	1 .	MARK	1 US 1 D	1.10.18	· //
	KILLIPOLO D. TYPETICIO	I pocas	m x	3 /	free			



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	 Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrody 11600 Sherman Way, N. Hollywood, CA 			843	5254 Generator's	<i>(</i>	Number
	4. Generator's Phone (818) 765-1010				0825334	15	
	5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE	6. US EPA ID Numb			Transporter's Phor		6354 1 894=3945
	7. Transporter 2 Company Name	8. US EPA ID Numb	per -	E. State	Transporter's	10	1 824-3345
					orter's Phor	е	
	9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 Skyline	10. US EPA ID Numb		CAT	Fecility's ID 006461 S Phone	17	
		IC-A-T-0-0-0-6-A-6	12 Conta		13. 386	<u>-971</u> 1	
G	11. US DOT Description (Including Proper Shipping Name, I	Hazard Class, and ID Number	No.	- 1	Total Quantity	Unit Wt∕Vol	Waste No.
E N E R	HAZARDOUS WASTE SOLID N.O.S. NA 918	9 ORM-E	0.0.1	тър	13.6	γ	F-024
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	J. Additional Descriptions for Materials Listed Above	· · · · · · · · · · · · · · · · · · ·		K.Handli	ng Codes for	Wastes	Listed Above
	REFER TO WASTE PROFILE SHEET #E824	26051			03	· :	
	15. Special Handling Instructions and Additional Information GOGGLES AND GLOVES	ation					
	16. GENERATOR'S CERTIFICATION: I hereby declare that above by proper shipping name and are classified, packed transport by highway according to applicable internations	l, marked, and labeled, and are	in all respo	cts in pro			Date
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ANSPORTER	Printed/Typed Name	Signature (1)	(177)	and	mla	ĺ	Month Day Year
OR	18. Transporter 2 Acknowledgement or Receipt of Mate	orials '			EIVE	<u>, </u>	Date
ER	Printed/Typed Name	Signature	-	i a		1	Month Day Year
	19. Discrepancy Indication Space	I) 5/3		- HUV	· 6 1985 ·		

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

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Signature

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	WASTE MANIFEST 1 C A D 0 0 8 3 2 5 3 3 4 0 0	1034	O# 1	1 law	1	
	3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division	اقد کرد نے وہ دا	37	SUCO		n Number
	11600 Sherman Way, N. Hollywood, CA 91605			te Generator's		
	4. Generator's Phone (818) 765-1010			DO 08253		
	5. Transporter 1 Company Name 6. US EPA ID Numb	er	C.Sta	te Transporter	1. 15	56532
	DISPOSAL CONTROL SERVICE C A T O 8 O O 3 4	1.8.4	D.Trai	nsporter's Pho		8) 824-3345
	7. Transporter 2 Company Name 8. US EPA ID Numb			te Transporter	's ID	
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	Designated Facility Name and Site Address 10. US EPA ID Numb	er	Delater.	te Facility's II		
	CASMALIA - Resource Management NTU Road) 	ASO 20748	3125	
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	Gasila 1 a 3 GA 33423 (C.A.30 · 2·0·7·4·8·	12.Conta		13.	14.	
	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		Туре	Total	Unit Wt/Val	Waste No.
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	15. Special Handling Instructions and Additional Information	1 1 1				
$\ \ $	10. Special regularly instructions and reductions information					
	goggles and gloves	76.				
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	16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment					- · · · · · · · · · · · · · · · · · · ·
	above by proper shipping name and are classified, packed, marked, and labeled, and are transport by highway according to applicable international and national governmental in			proper condition	on tor	<u>,</u>
$\ \ $			<u> </u>			Date
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7	17. Transporter 1 Acknowledgement of Receipt of Materials	vi	-			Date
RA	Printed/Typed Name Signature/				~	Month Day Year
8	AMES LUMBUCE					10830185
RANSPORT	18. Transporter 2 Acknowledgement or Receipt of Materials		F.ª	n		Date
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1	19. Discrepancy Indication Space		U 20			
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11	20. Facility Owner/or Operator: Certification of receipt of hazardous materials covered I	by this ma	nifest	except as not	ed in	
Ţ	Item 19. 7 100220-35,000/6		/			Date
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Sacramento, California Please print or type. (Form designed for use on elite (12-pitch) typewriter.) 1. Generator's US EPA ID No. Manifest 2. Page 1 Information in the shaded areas UNIFORM HAZARDOUS is not required by Federal C. A. D. O. O. 8. 3. 2. 5. 3. 3. 41 00 47 07 35 1 WASTE MANIFEST of Generator's Name and Mailing Address
ALLIED CORPORATION-Bendix Electrodynamics Division Document Number 84352545 11600 Sherman Way, N. Hollywood, CA 91605 B.State Generator's ID Generator's Phone (818 765-1010 CADO 0825334 Transporter 1 Company Name US ERA ID Number C.State Transporter's IDc DISPOSAL CONTROL SERVICE Q.Transporter's Phone 0-8-0-0-3-4-te8 Transporter 2 Company Name E. State Transporter's ID US EPA ID Number F. Transporter's Phone Designated Facility Name and Site Address G.State Facility's ID US EPA ID Number CASMALIA-Resource Management CASO 20748125 NTU Road H.Facility's Phone Casmalia, CA 93429 C. A. S. O. 2. O. 7. 4. 8. 1. 2. 5 805 937-8449 12.Containers 13. 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number, Unit Total Waste No. No. Туре Quantity Wt/Vc 8. WASTE PETROLEUM OIL N.O.S./COMBUSTIBLE LIQUID UN 1270 N 0.0.1 A b. 0 R C. d. Lat Additional Descriptions for Materials Listed Above K, Handling Codes for Wastes Listed Above CUTTINGUIL - 181 15. Special Handling Instructions and Additional Information **GLOVES AND GOGGLES** 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. Date Printed/Typed Name Signature Month Day Year R.J. Slatterbeck <u>1 'n In 'a</u> 18-5 17. Transporter 1 Acknowledgement of Receipt of Materials Date Month Day Printed/Typed Name Year Signature 11 0 10 4 18 5 18. Transporter 2 Acknowledgement or Receipt of Materials Date Month Day Printed/Typed Name Signature Year 19. Discrepancy Indication Space Plant Englishing ACI 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. #60513-34,720 lbls Printed/Typed Name Month Day Year Signature

Casmalla Resources

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7. Transporter 2 Company Name 8. 9. Designated Facility Name and Site Address 10. CASMALIA - RESOURCE MANAGEMENT NTU Road	r.) [*]		- K- K-		, .			
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	16. GENERATOR'S CERTIFICATION: I he above by proper shipping name and are companied.	reby declare that the co	ontents of this	consignment are	fully and a	occurately desci	ribed o for	
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Department of Health Services Toxic Substances Control Division Sacramento, California

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	16. GENERATOR'S CERTIFICATION: I her	eby declare tha	t the contents of this consignm	ent are ful	ly and ac	curately descri	bed		
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Ì	20. Facility Owner or Operator: Certification	of receipt of	hazardous materials covered	by this m	anifest e	except as note	anno	ering.	
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Sacramento, California Please print or type (1-orm designed for use on elite (12-pitch) typewriter.) Manifest 2. Page 1 1. Generator's US EPA ID No. Information in the shaded areas UNIFORM HAZARDOUS Document No. is not required by Federal C A D O O 8 3 2 5 3 3 4 of **WASTE MANIFEST** State Manifest Accument Number 84352533 Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, No. Hollywood, CA 91605 B.State Generator's ID Generator's Phone (818) 765-1010 CADO 08325334 5. Transporter 1 Company US EPA ID Number C.State Transporter's ID 55863 **GEORGE PAJON** D.Transporter's Phone 9-8-0-8-1-4-6 E. State Transporter's ID 213) 869-1419 7. Transporter 2 Company Name US EPA ID Number F. Transporter's Phone 9. Designated Facility Name and Site Address G.State Facility's IO US EPA ID Number EPC - EASTSIDE CADO 30384267 H.Facility's Phone ROUND MOUNTAIN ROAD OILDALE. CA (805) \$27-968 12.Containers 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number Total Unit Type Quantity G NA 9189 HAZARDOUS WASTE SOLID NOS/ORM-E 0.0.1 D. Tlo. 0.0.1.3 A T b. 0 R C. Additional Descriptions for Materials Listed Above K. Handling Codes for Wastes Listed Above 80-12600 Hydrocarbons 15. Special Handling Instructions and Additional Information FLASHPOINT GREATER THAN 1850 F Gloves and safety glasses 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. Date Printed/Typed Name Month Day R.J. Slatterbeck 10 7 11 6 18 5 17. Transporter 1 Acknowledgement of Receipt of Materials Month Day Printed/Typed Name / Year Signatu 18. Transporter 2 Acknowledgement or Receipt of Materials Date Month Day TER Printed/Typed Name Signature Year RECLIVE 19. Discrepancy Indication Space AUG 2 0 1985 Plant Engineering 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Date

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	16. GENERATOR'S CERTIFICATION: I hereby declares	that the contents of this consign	ment are fu	livand ac	curately descri	ibed
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		-			te Generator's			
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	DISPOSAL CONTROL SERVICE, INC				naporter a teho	,	0) 824-:	3345
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-	5. Special Handling Instructions and Additional Inform	nation		<u> </u>				
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$\ \ $	Gloves and goggles & protective cl	othing						
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Department of Health Services Toxic Substances Control Division Sacramento, California

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	3. Generator's Name and Mailing Address BENDIX CORP. ELECTRODYNAMICS DIVISIO				135261	gumen	t Number
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1986 MANIFESTS

Sacramento, California (Form designed for use on elite (12-pitch) typewriter.) Please print or type. 1. Generator's US EPA ID No. Manifest Information in the shaded areas UNIFORM HAZARDOUS is not required by Federal law. Document No. **WASTE MANIFEST** $\mathbf{Q}^{\mathsf{T}}\mathbf{Q}^{\mathsf{T}}\mathbf{Q}^{\mathsf{T}}$ 3. Generator's Name and Mailing Address State Manifest Document Number 84352700 ALLIED CORPORATION - Bendix Electrodynamics Division 11600 Sherman Way , N. Hollywood, CA 91605 B.State Generator's ID Generator's Phone (818 CADO 09325334 C.State Transporter's ID 765-1010 Transporter 1 Company Name US EPA ID Number D.Transporter's Phone OIL & SOLVENT PROCESS CO ·A·D·O·O·8·3·0·2·9 (818) 334-511 Transporter 2 Company Name E. State Transporter's ID F. Transporter's Phone 9. Designated Facility Name and Site Address US EPA ID Number G.State Facility's ID OIL AND SOLVENT PROCESS CO CADO 08302903 H.Facility's Phone 1704 First St. Azusa, CA 91702 (818) 134-511 12.Containers MARCE IN 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number. Total Unit Waste No. Quantity Type Wt∕Val G E a. NE WASTE FLAMMABLE LIQUID NOS, UN 1993 214 3. 0 0 2 D M O 0 1 0 0 R A T b. 0 211 WASTE III TRICHLOROETHANE, ORM-A, UN 2831 R 0 0 6 ID M IO 0 3 0 0 c. d. Additional Descriptions for Materials Listed Above K. Handling Codes for Westes Listed Above a Kerosene 50% & Ofla 40% Tri - 85%. Ull & Grease 15% 15. Special Handling Instructions and Additional Information **GLOVES AND GOGGLES** 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. Date Month Day Year Printed/Typed Name Signature R. SLATTERBECK 0.611.118.6 17. Transporter 1 Acknowledgement of Receipt of Materials Date Printed/Typed Name Month Day Year 18. Transporter 2 Acknowledgement or Receipt of Materials Date Month Day Printed/Typed Name Signature Year 19. Discrepancy Indication Space Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Date Printed/Typed Name Month Day Year R INA / HIS William R Wate

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Sacramento, California P 0 8067-650946 (Form designed for use on elite (12-pitch) typewriter.) Please print or type. Generator's US EPA ID No. Manifest 2. Page 1 Information in the shaded areas UNIFORM HAZARDOUS Document No. is not required by Federal **WASTE MANIFEST** A D O O 8 3 2 5 0.0.0.07 State Manifest Document Number 84352590 Generator's Name and Mailing Address ALLIED CORPORATION - Bendix Electrodynamics Division B. State Generator's ID 11600 Sherman Way, N. Hollywood, CA 91605 Generator's Phone (818) Transporter 1 Company Name 765-1010 CADO 08325334 C.State Transporters **US EPA ID Number** 66360 D.Transporter's Phone DISPOSAL CONTROL SERVICE
7. Transporter 2 Company Name E. State Transporter's ID 800) 824-3345 US EPA ID Numbe F. Transporter's Phone 9. Designated Facility Name and Site Address US EPA ID Number G.State Facility's ID PACIFIC TREATMENT CORPORATION CADO 95894556 H.Facility's Phone 2190 Main St. IC-A-D-D-Q-5-8-9-4 <u>San Diego. CA 92113</u> 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Unit Waste No. Type Quantity G а. N HAZARDOUS WASTE LIQUID N.O.S., ORME NA 9189 E 0-0-1|C-T 222 0 0 G R b. T 0 C. d. L Additional Descriptions for Materials Listed Above K. Handling Codes for Wastes Listed Above olls, water soluble 24 X plis, lubricating 1% water 15. Special Handling Instructions and Additional Information Plant Engineering **GLOVES AND GOGGLES** DOT-E 8348 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. Date Month Day Printed/Typed Name Signature Year กรไร รไล W.J. SPECK 17. Transporter 1 Acknowledgement of Receipt of Materials Date Month Day Year Printed/Typed Name Signature 14000ASC Sitex ロタロ ハオマム 18. Transporter 2 Acknowledgement or Receipt of Materials Date Year Printed/Typed Name Signature Month Day 19. Discrepancy Indication Space hologenated solvents present in load 12: 50 Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Date Printed/Typed Name Signature NAUARRE NVN

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	7. Transporter 2 Company Name	8.	US EPA ID N	umber		e Transporter's		-/82-0314
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	11. US DOT Description (Including Proper			1	- 1	13. Total Quantity	14. Unit Wt/Val	Waste No.
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/ / Department of Health Services Toxic Substances Control Division tate of California - Health and Welfare Agency Sacramento, California Please print or type. (Form designed for use on elite (12-pitch) typewriter.) Information in the shaded areas 1. Generator's US EPA ID No. Manifest **UNIFORM HAZARDOUS** 2. Fage 1 Document No is not required by Federal WASTE MANIFEST CAD 0 0 8 3 2 5 Generator's Name and Mailing Address State Manifest Document Number 84832016 Allied Corporation-Bendix Electrodynamics Division B.State Generator's ID 11600 Sherman Way, N. Hollywood, CA 91605 Generator's Phone (919) 765 1010 Transporter 1 Company Name CState Transporters ID 765-1010 US EPA ID Number D.Transporter's Phone 3 Transporter 2 Company Name D = 1 G RN8 14-28 3 US EPA ID Number EState Transporter's ID Elimaporter's Phone 9. Designated Facility Name and Site Address US EPA ID Number State Facility's ID Chemical Waste Management 35251 Skyline Road 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) ORM-E randous waste sold NOS NA9189 DEC 1 1986 d. Plant Engincering J. Additional Descriptions for Materials Listed Above K.Handling Codes for Wastes Listed Above sand/soil 15. Special Handling Instructions and Additional Information gloves, 0097/45 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. Date Month Day Year Printed/Typed Name Signature KELLENBERGER 17. Transporter 1 Acknowledgement of Receipt of Materials Date TRANSPORTER Month Day Year Printed/Typed Name Signature 18. Transporter 2 Acknowledgement of Receipt of Materials Date Printed/Typed Name Signature Month Day Year 19. Discrepancy Indication Space ---(9) 35251 U Styling 2) 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Date

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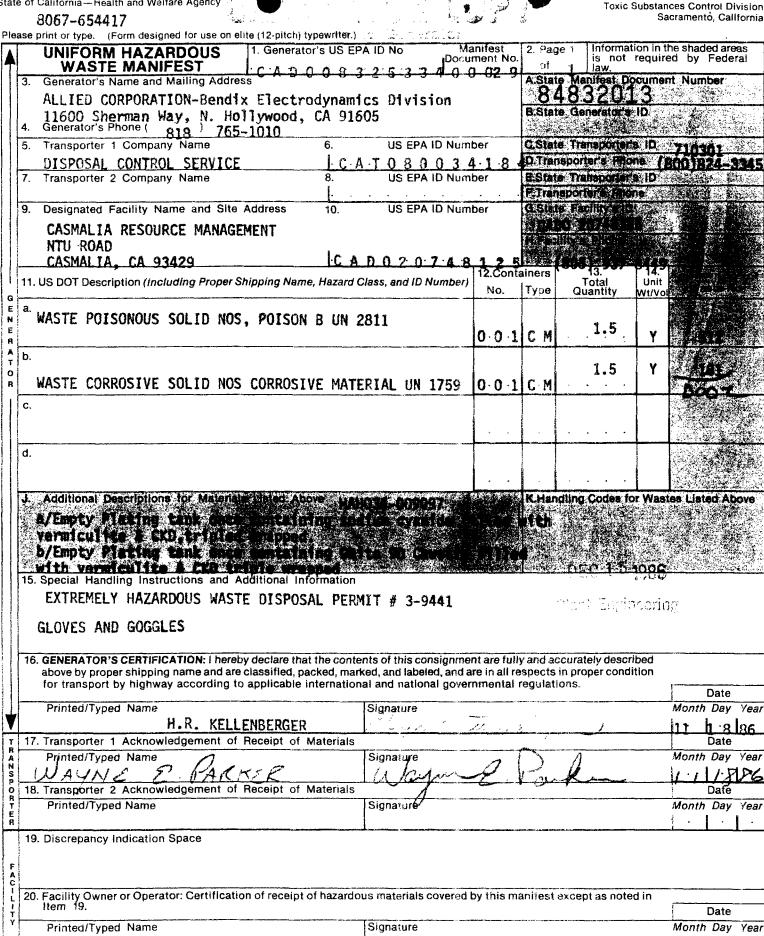
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	ALLIED CORPORATION/Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605	84352691 B.State Generator's ID							
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	with copper, Lab packed in druss with verniculity		- A	1)3	•	a di na gala. Majar			
	4.4- 20 gal, Enrhoy of Hydrofluoric Acid-20% selution packed in drum with vermiculite. SEE CONTINUATION	n.Lab Cueet			٠,				
	15. Special Handling Instructions and Additional Information	West.	L	,, 					
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Department of Health Services Toxic Substances Control Division Sacramento, California

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Sacramento, California 6078-656221 Please print or type. (Form designed for use on elite (12-pitch) typewriter.) Information in the shaded areas is not required by Federal 1. Generator's US EPA 1D No. Manifest UNIFORM HAZARDOUS Document No. WASTE MANIFEST law. A.State Manifest Document Numbers Generator's Name and Mailing Address 84832014 ALLIED CORPORATION-Bendix Electrodynamics Division **6** State Generator's ID 11600 Sherman Way, N. Hollywood, CA 91605 Generator's Phone (818 765-1010 THE PERSON NAMED IN Transporter 1 Cempany Name US EPA ID Number C.State Transporter's ID D. Transporter's Phone pro CONTROL SERVICE T 0 8 0 0 3 4 1 7. Fransporter 2 Company Name US EPA ID Number Estate Transporter's ID 1 F. Transcor. C P. Transporter's Phone Designated Facility Name and Site Address US EPA ID Number G.State Facility's D DEMENNO/KERDOON Design 1 d 788 m 2100 N. Alameda St. Compton CA 90222-12.Containers 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) 0 Additional Descriptions for Materials Listed Above K.Handling Codes for Wastes Listed Above 15. Special Handling Instructions and Additional Information DEC 1 0 1986 Plant Engincering GLOVES AND GOGGLES 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. Date Printed/Typed Name Signature Month Day Year H. R. KELLENBERGER 1 1 2 4 86 17. Transporter 1 Acknowledgement of Receipt of Materials Date Month Day Year Printed/Typed Name Signature 18. Transporter 2 Acknowledgement of Receipt of Materials Date Printed/Typed Name Month Day Year Signature 19. Discrepancy Indication Space Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Date Printed/Typed Name Month Day

Department of Health Services Toxic Substances Control Division Sacramento, California

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Toxic Substances Control Division Please print or type. (Form designed for use on elite (12-pitch) typewriter.) 1. Generator's US EPA ID No. Manifest Information in the shaded areas UNIFORM HAZARDOUS 2. Page 1 Document No is not required by Federal WASTE MANIFEST C A D O O R 3 2 5 3 34 ·0 ·0 025 Generator's Name and Mailing Address A State Manifest Document Number 84832009 Estate Generators ID ELATO: US325334 ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605 Generator's Phone (818) 765-1010 6. Transporter 1 Company Name US EPA ID Number C.State Transporter's ID C. Transporter e Phone OIL & SOLVENT PROCESS CO Transporter 2 Company Name ADOG830.2.90 EState Transporter's ID **US EPA ID Number** E Transporters Phone Designated Facility Name and Site Address US EPA ID Number Alale Facility Design The second second OIL AND SOLVENT PROCESS CO 1971年[[[]] 華田 [] 自由 [] 1704 First St. 1. C · A · D · D · B · B · D · 2 · 9 · D 1000 Azusa, CA 91702 12.Containers 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Total No. Type Wt/Va WASTE FLAMMABLE LIQUID N O S UN 1993 0 0 1 D M O 0 0 5 5 WASTE PAINT RELATED MATERIAL FLAMMABLE LIQUID NA1263 0 0 3 D M 0 0 1 6 5 C. WASTE III TRICHLOROETHANE ORMA UN 2831 0 · 0 · 6 | D · M | 0 · 0 · 3 · 3 · 0 | d. Additional Descriptions for Materials Saint Avol K Handling Codes for Wastes Listed Above A CONTROL HEDVANE TOTAL 2-8 PS WE WAS IN 15. Special Handling Instructions and Additional Information Plant Engineering **GLOVES AND GOGGLES** 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. Date Printed/Typed Name Signatry Month Day Year R.J. Slatterbeck <u>| 1.:0 | 2.8 | 8.6</u> 17. Transporter 1 Acknowledgement of Receipt of Materials Date Printed/Typed Name Signature Month Day Year July PAGERO 18. Transporter 2 Acknowledgement of Receipt of Materials Date Printed/Typed Name Signature Month Day Year 19. Discrepancy Indication Space 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Date Printed/Typed Name Month Day Year



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Department of Health Services Toxic Substances Control Division Sacramento, California

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	11600 Sherman Way, N. Hollywood, CA 91605		L	te Generator's						
	4. Generator's Phone (012) 765-1010 5. Transponer 1 Company Name 6. US EPA ID Numb			DO 0832533	34					
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	7. Transporter 2 Company Name 8. US EPA ID Numb	<u>1 1 0 4</u>		nsporter's Phor te Transporter's						
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	16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment	ent ere ful	ly and a	ccurately descri						
	above by proper shipping name and are classified, packed, marked, and labeled, and are transport by highway according to applicable international and national governmental			proper condition	1 for					
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R	18. Transporter 2 Acknowledgement or Receipt of Materials					Date				
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	19. Discrepancy Indication Space					<u> </u>				
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A C										
	20. Facility Owner or Operator: Certification of receipt of hazardous materials covered Item 19.	by this m	anifest	except as note	d in					
Ý						Date Voca				
	Printed/Typed Name Signature	/ 5	/-	7		Month Day Year				
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Department of Health Services Toxic Substances Control Division

Sacramento, California 8067-650946 Please print or type. (Form designed for use on elite (12-pitch) typewriter.) 1. Generator's US EPA ID No. Manifest 2. Page 1 Information in the shaded areas UNIFORM HAZARDOUS is not required by Federal law. CADOO8325334 **WASTE MANIFEST** Generator's Name and Mailing Address State Manifest Document Number 84352639 ALLIED CORPORATION-Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605 B.State Generator's ID 4. Generator's Phone (818) 765-1010
5. Transponer 1 Company Name CADO 08325334 C.State Transporter's ID6636 **US EPA ID Number** D.Transporter's Phone (800) 824-3345 DISPOSAL CONTROL SERVICE T: 0: 8: 0: 0: 3: 4: 1: 8: 7. Transporter 2 Company Name E. State Transporter's ID US EPA ID Number F. Transporter's Phone G.State Facility's ID 9. Designated Facility Name and Site Address US EPA ID Number DEMENNO/KERDOON CATO 80013352 2100 N. Alameda St. H.Facility's Phone C. A. T. O. 8. O. O. 1. 3. 3. 5. 2 233 537-7100 Compton, CA 90222 12.Containers A PARTIE NAME 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number Total Unit Waste No. Quantity No. Type Wt/Val G Ε N WASTE PETROLEUM OIL N.O.S./COMBUSTIBLE LIQUID UN 1270 E 0.0.1 b. 0 C. d. J. Additional Descriptions for Materials Listed Above K, Handling Codes for Wastes Listed Above Mater scluble offin Lubricating oils Water 15. Special Handling Instructions and Additional Information **GLOVES AND GOGGLES** 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. Date Month Day Year Printed/Typed Name R. SLATTERBECK 0.611.218.6 17. Transporter 1 Acknowledgement of Receipt of Materials Date Printed/Typed Name Month Day Year Signature : 18. Transporter 2 Acknowledgement or Receipt of Materials Date Year Printed/Typed Name Signature Month Day 19. Discrepancy Indication Space Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Date Emi Cirdlack Printed/Typed Name Signature ERIC CUDEBACK

1987 MANIFESTS

Department of Health Services

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PA 8700—22 y. 9-86) Previous editions are obsolete.



Department of Pollution Control and Ecology
P. O. Box 9583 Little Rock, Arkansas 72219
Telephone 501-562-7444



Telephone 501-562-7444

EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete.

(Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-88

¥	UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator's US EPA ID No. C A D O O 8 3 2 5 3	Manifest Document N 3 4 0 0 0 3	3 of	1	required	by Federa				
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CONTINUATION SHEET ALLIED PENDIX

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STATE OF ARKANSAS Department of Pollution and Ecology P. O. Box 9583 Little Rock, Arkansas 72219 Telephone 501-562-7444



(Form designed for use on elite (12-nitch) typewriter)

Form Approved, OMB No. 2050-0039, Expires 9-30-88

	UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator's US F		3 4 0 DO	anifest	2. Page 1 of 8	Information required to	on in the	shaded areas is not allaw.
	3. Generator's Name and Mailing Address BENDIX - ELECTRODYNAMICS 11600 Sherman Way, N. Hol					A. State Man AR- 1 B. State Gene			er
-	5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE. 7. Transporter 2 Company Name	, INC.	6. C A T 0 8	US EPA ID Numb		C. State Tran D. Transporte E. State Tran F. Transporte	r's Phone sporter's ID	714	/P.C.1044) 983-0342
	9. Designated Facility Name and Site Address ENSCO, INC. American Road E1 Dorado. AR 71730	•	A R D 0 6	US EPA ID Numb		G. State Facility's	Phone	(501)	3°5 3°5 3°53-7173
ſ	11. US DOT Description (Including Proper Shipping Nam				12. Conta No.	i l	13. Total Quantity	14. Unit Wt/Vol	
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	J. Additional Descriptions for Materials Listed Above See attached inventory si	heets			4 5 1 1 1 2 4 5 1 1			`*** **	ed Above
L	if no alternate TSDF, return to genera		· ·			MIG	1 9 198	§7,	
	15. Special Handling Instructions and Additional Informat Gloves & Goggles WMDS #53568	ion					Engince		
	16. GENERATOR'S CERTIFICATION: I hereby declar packed, marked, and labeled, and are in all respects in sas state regulations. If I am a large quantity generator, I certify that I have a ticable and that I have selected the practicable method the environment; OR, If I am a small quantity genera available to me and that I can afford. Printed/Typed Name Mary Calvert	proper condition for program in place to d of treatment, stora	rtransport by highword reduce the volume a age, or disposal curr	ay according to an and toxicity of war ently available to minimize my was	opilcab le inte ste generate me which mi	ornational and of to the degree nimizes the pron and select ti	national gover I have determ esent and futu	nment re ined to b re threat manage	egulations and Arkan- be economically prac- i to human health and
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EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete.

UNIFORM HAZARDOUS	Generator's US EPA II	}	Manifest Document No	. 7	_		the shaded ard by Federal la
WASTE MANIFEST 3. Generator's Name and Mailing Address	LCI AI DI O 10 18 13		01 01 01 2	31	ate Manifest Do	cument Nu	mber
ALLIED CORPORATION/Be			ion			<u> </u>	177
11600 Sherman Way, M. 4. Generator's Phone (813) 765-10		91605		1	ste Generator's Η ΙΔΙΗΙΩ		101910191
5. Transporter 1 Company Name	6.	- FOR MO-GPA HOZNUHÎ	qer - C		THE PARTY OF THE P		
0. S. T. TRUCKING	I C _I A		3 4 4	6 DET	e a de la companya de	ne (805)643-9963
7. Transporter 2 Company Name	8.	US EPA ID Numb	ber To Ge	neration	te Transporter	's ID	
Designated Facility Name and Site Addre	ss 10.	US EPA ID Numb	ber		ate Facility's it		
CASMALIA RESOURCE MAN	IAGEMENT					2017	14 8 1 2
NTU ROAD	, C. A	. n. n. a. n. 7. A	.0.1.2	- F	cility's Phone (805) 93	70440	
CASMALIA, CA 93429	I C A	D 0 2 0 7 4		ontainers	13. Total	14.	L.
11. US DOT Description (Including Proper S	hipping Name, Hazard Class	s, and ID Number)	No.	Туре	Quanti	ty Unit Wt/V	
A. HAZARDOUS WASTE SOLID	I O S - IIN 0100						Sime 52
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INSTRUCTIONS ON THE BACK

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	UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator's US EPA ID No. CLALDI 01 01 0 13 12 15		Manifest Document No. 1 (1 (1 2) (1				on in the shaded a quired by Federal
	3. Generator's Name and Mailing Address ALLIED CORPORATION/Ser	ndix Electrodynamic	s Divisio				<u> 23</u>	8114
_	11500 Sherman May. N. 4. Generator's Phone (318) 765-16	010			1		0 3	6 0 0 9 9 0 9
L	5. Transporter 1 Company Name DISPOSAL CONTROL SERV	=-	US EPA ID Numbe 0 0 0 13 US EPA ID Numbe	4 1 8 4	D. Tra	te Transport nsporter's P te Transport	hone	フノ <u>りろひ</u> (800) 824-3
L	7. Transporter 2 Company Name 9. Designated Facility Name and Site Addre	9.	US EPA ID Numbe		F. Tra	nsporter's P	hone	710309
	CASMALIA RESOURCE MANA NTU ROAD		OS C. A ID MUNIDO	51	1	CAD cility's Phone	اد اه	0 7 4 8 1 2
L	CASMALIA, CA 93429	I CI AI DI C	012101714			805) 9	_	
L	11. US DOT Description (Including Proper S	hipping Name, Hazard Class, and I	D Number)	12. Conta	Type	13. Tot Quan	ntity	14. Unit Waste Wt/Vol
	MASTE CORROSIVE SOLID	N.O.S. CORROSIVE	1ATERIAL			2-1	/2	State State Y EPA/Other
-	b.	UN 1759	**	01110	D.IF			State
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١	Moliant B. JANA	ISLINE C	Merke	01/h	Un	and C	1	
L	18. Transporter 2 Acknowledgement of Rec	·····	 			.,		
	Printed/Typed Name	, =	dure data	Hemo	de-			Month Day
T	19. Discrepancy Indication Space		27		-			
Г	20. Facility Owner or Operator Certification	of receipt of hazardous materials of	overed by this m	anifest except a	s noted	in Item 19.		
⊢	Printed/Typed Name		ature					Month Day

UNIFORM HAZARDOUS	1. Generator's US EPA ID N	lo. ,	Man		Z F	age 1	Inform	ation in	Sacramento, Cali the shaded areas
WASTE MANIFEST	CLALD1010181312	25334	OI OI		ď	[†] 1	1		by Federal law.
3. Generator's Name and Mailing Address					A. Sta	te Mani	lest Docur		
ALLIED CORPORATION/Ben 11600/Sherman Way, N.	idis Electrodyna Hollywood CA 3	TICS LAWIS	100	قسار	B. Sta	te Gene	erator's ID	381	.12
4. Generator's Phone (\$18) 765-10	010	1000 LEBERT	3 Li	11/				U - 6∟0i	0 9 0 9 7
5. Transporter 1 Company Name	6.	US EPA ID Num		To	C. SIL	te T		DV 30	710
DISPOSAL CONTROL SERVI	ICE GA	$T_1 O_1 S_1 O_1 O_1$	3 ₁ 4 ₁ 1	18 4			r's Phone		01824-3345
7. Transporter 2 Company Name	8.	US EPA ID Num	iber				sporter's li r's Phone		
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CASMALIA, CA 93429	LCIAII	01012101714		2 5 12. Conta	inora		Total	8449	
11. US'DOT Description (Including Proper Sh	nipping Name, Hazard Class, a	ind ID Number)		No.	Type		Quantity	Unit Wt/Vo	Waate No.
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DRU	M # 35 19	MANIFES			PR	OFILE #	<u>(3)</u>		
DOT	WASTE TO PROPER SHIPE	ISONOUS PING NAME:	800	(D) NOS				3	M/NA # 28/(
	WASTE CODE:		1	ME OF PACKAGER: CONTAINER INV	(PNITY)	·V	CONTAINE	R TYPE:	30 9 DM
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#	CHEMICAL N		1647 77 7	EPA WASTE CODE	#	SIZE	TYPE	OTHER	INFORMATION
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DRU	m # 34.	MANIFEST	.#	(અંડ્રે	PR	OFILE #	(<u>)</u>	CAS 1977 (DV/NA # 1759 OR TYPE: 85 gal			
DOT	PROPER SHIP	PPING NAME:	<u>د ک</u> ه ک	icis mos	HA	ZARD CLASS	S: CORP A	14T QUNA # 1759			
	WASTE CODE:		1	ME OF PACKAGER: CONTAINER INV	באותאטנ	o v	CONTAINE	R TYPE: 85 gal			
<u></u>		cmp TDM	unter								
#		WASTE IDE		EPA WASTE CODE		CONTAINE		OTHER INFORMATION			
-	CHEMICAL				#	SIZE	TYPE	SOUDIELEN			
1	Alkaline	CIRCLART	(EM	PTY)		<u>55 G</u>	DN	SOUDIFIED			
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IDRU	M # 30	MANIFEST	· #		P	PROFILE #	6	CAS
DOT	PROPER SHIPP	TOISON ING NAME:	045	Sound, NOS	Н	MAZARD CLASS	: POISON E	CAS 3 ON NA # 28/1
· :	WASTE CODE:			E OF PACKAGER:			CONTAINE	R TYPE: 55 6 DM
				CONTAINER INV	ENIC			
#	QUEUZ QUE N	WASTE IDE		CATION EPA WASTE CODE	#	CONTAINE		OTHER INFORMATION
1	Cyania			EPA WASIE CODE	#	SIZE 100 1b	TYPE	
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DRUN	1#25	MANIFEST #		PF	ROFILE #	63	CAS
DOT	DASTE CO	RROSIUE. G NAME:	>0CID, NOS	H/	AZARD CLASS	s: Copz. Mi	T UNINA # 1759
	WASTE CODE:	1	ME OF PACKAGER: CONTAINER INV	EVIL(A)		CONTAINE	
# 1	(4)7	ASTE IDENTIFI		DIVIO		anc.	LOTHED THEODANDEON
-#-	CHEMICAL NAME		EPA WASTE CODE	#	SIZE	TYPE	OTHER INFORMATION
	3 Ammonian				30 a	1111	
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DRUI	M # # 248	MANIFEST	# (PR	OFILE #	@	CAS
DOT	PROPER SHIP	STE POISONS PING NAME:	ous Sitees	· , NOS	HA	ZARD CLASS	S: POISON B	ĺ
1	WASTE CODE:		NAME_OF	PACKAGER: NTAINER INVE	יאין אין	v	CONTAINE	r type: 55 g DM
#		WASTE IDE			MION	CONTAINE	ERS	OTHER INFORMATION
	CHEMICAL			NASTE CODE	#	SIZE	TYPE	
1	Copper 1	Additive			i	56	PIASLE	CYANIDE
2	Teflow	Coating				6	. v	CVANIDE UNOPUNED, out of Dat MATORICAL
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DRU	M # 123	MANIFES'	r_#		PR	ÒFILE #	(i)	CAS	
DOT	WASTE PROPER SHIPP	Poisouc ING NAME:	us 50	LLD , NOS	НА	ZARD CLASS	: Poison		
;		141	1	OF PACKAGER:			L L	r type: 55 G dm	
		W 1107 127 (1)	CONTAINER INV						
#	CHEMICAL N	WASTE IDE		PA WASTE CODE	#	CONTAINE SIZE	RS TYPE	OTHER INFORMATION	
1	Copper Ada				9	16		Cynnide	
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DRU		MANIFEST #			OFILE #			CAS
DOT	PROPER SHIPPI	COPROSIUE	SOLID INOS	HA	ZARD CLASS	S: CORR MA	Т (IN)NA #1759
ЕРА	WASTE CODE: I	toz N	AME OF PACKAGER: CONTAINER INV	ENTOR	Y	CONTAINER		55 6 DM
#		WASTE IDENTI			CONTAINE	RS	OTHER II	VFORMATION
	CHEMICAL NA		EPA WASTE CODE	#	SIZE	TYPE		
1	Hydrothi	cric Her) L-	13	6	Plastic		
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DRU	M # A Z.1	MANIFEST	. #	<u></u>	PR	OFILE #		CAS
DOT	MASTE CO PROPER SHIPP	DREASIUE PING NAME:	Sou	zou, di	НА	ZARD CLAS	s: Core a	WYNA # 1759
1	WASTE CODE:			E OF PACKAGER:	Thirty or	117	CONTAINE	R TYPE: 55 C DM
ļ		TO CORP. TO THE	TOTOTA	CONTAINER INV				,
#_	CHEMICAL N	WASTE IDEN		EPA WASTE CODE	#	CONTAINE	TYPE	OTHER INFORMATION
1	TARNISH	Prevento	<		i	56		ACID
2	TARNISH Copper L	ume.			7	16	Plastic Plastic	Acid
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DRU	M # A ZU	MANIFEST			PR	OFILE #		CAS
DOT	NASTE PROPER SHIPP	COPPOSIUE ING NAME:	SUPL.	SONIE	НА	ZARD CLASS	6: CEPL M	47 ON/NA #17)59
EPA	WASTE CODE:	DOOL	NAM	E OF PACKAGER: CONTAINER INV	באותייטוני	v	CONTAINE	R TYPE: 55 G DM
#		WASTE IDE	NTIFI			CONTAINE	RS	OTHER INFORMATION
	CHEMICAL NA			EPA WASTE CODE	#	SIZE	TYPE	OTHER TRI OR MITOR
1	ACIDIC NI	chel Su	intro	/	1	96	Plastic	
2	ACIDIC NO Chromic AN	D Niteic	Aci		3	6	Plastic	NITPIC 437%
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DRUI		MANIFEST				PR	OFILE #			CAS	5
DOT	PROPER SHIPP	ING NAME:	5000			НА	ZARD CLASS	: Copr	,nAT	ON/NA # 1757	9
EPA	WASTE CODE: T	2002/141	NAMI	E OF PACKA	GER:	NTOR	Ý	CONTAI	NER TYPE:	55 gal D	M
#		WASTE IDEN	VITEIC				CONTAINE	RS	OTHER	INFORMATION	
-"-	CHEMICAL NA			EPA WASTE	CODE	#	SIZE	TYPE	OTTILA	INIONATION	
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DOT	PROPER SHIPPI	NG NAME:				НА	ZARD CLAS	SS:		UN/NA #	
EPA	WASTE CODE:		NAM	ME OF PAC	CKAGER:	(ENTEXT)	oV.	CONTAI	NER TYPE:		
					THEK THY	ENTOR					
#		WASTE ID					CONTAIN		OTHER I	NFORMATION	
	CHEMICAL NAI	ME		epa Wasi	E CODE	#	SIZE	TYPE			
1.	Drum # 1.	- (0	ACC	STE G	OXROS 1	UE C	COLID A	၁၉ : Co	ER MATIC	UN 1759	
2	20gal Pro	sphoric	Aci	DCC2	141		•				_
_3	(Solidifi	red)									
4		-									
5	Drum#8	39 ,	D (1)	ASTE	- COP-	03	ve s	2412,00	S Coz	2 MAT. LINIT	· <u></u>
6	20 gal	Dilute	hyd	mahlo	ric Aci	01	202/14				
7		olidific									
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9	Deum # 26	o - 29	w	45TE	POISCA	ous	SOUD	NOS; P	SON E	3 UNZES11	
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la	DRum # 10		しゃられ	e coerc	os, ve	SOL	ib Nos	: Corr	MAT	(D 1757)	4 7
13	20 gal C					1	0002/	1 3			4
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15	Drum # 31		1 .	TE COR	20510E	Si	LID NOS	Core	nat c	N 1759	
16	20 gal	AIK	aline	chec	NGT		DOCK/141		V.		
17	, ,	dified)									
18	DRUM # 12-	18 a	ASTE	Poise	Wous	SOL	D.NOS :	TO ISON	3 11	N 28(1	
19	Potassium	Cyania	l e	209	141					·	
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State of California-Health and Welfare Agency

EPA 8700-

(Rev. 9-86) Previous editions are obsolete.

Department of Health Services

Toch)

STATE ID NUMBER

CONTINUATION SHEET

ENSCO

MANIFEST DOCUMENT NUMBER EPA ID NUMBER

THIS IS CONTINUATION SHEET OF					
PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL	UNIT WT/VOL	CONTAINER NO. TYPE	WASTE CAT. NO.
1 Deum # 1; Weste Flammable Lunch	4121191912	dolals	y	001/10/	010101/1
NOS: Flaumable Ligar				111	
	1111	1 1 1			
Dow Crawing 200 Fluid (Dimetly) -		010101015	تحرا.		DOIOVI
polysiloxane	1111				111
N. trobowene		oldolol	Gol.		DOON
Heptane		العلطامات	Col.		1001/I
Miccroflex LACquer Reduces		00001	Gil.		010191/1
Miccrosheld Stop Off Laguer		olaldal/	Gel.		1/10101/1
LACQUER Reducer		0000101	Grl.		0101011
Columbia Duplicating Fluid (5×1601)		0000015	Gel.		1)10101/1
0	1111			1111	
, Dan #2: Waste Florenable Liquid nos	411995	010101215	<u> ۷</u>	001/1014	21001/1
Floring to Liquid		1111			
Dolph's VARNISH (5x 1 Gol.)	1 1 1 1 1	टाववाव	Gel.	111	D1001/1
Columbia duplicating fluid (10x/G/)		<u>ଠାରାସ/10</u>	GI.		010101/1
	1111			111	111
Drum#3; Waste Flammable Ligard was.	411/5/25	0101010	<u>v</u>	0.01/10m	\$10101/I
Flammable ligad	1111.				
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Columbia Duplicating Fluid	1 1 1 1	0000101	Gr1.		00011
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Drum #4: Waste Florende Ligarde	MN1181813	0001010	سر	0101/101	0010111
- Flamable Ligard				1 1 1	
				111	1111
Columbia Duplies ting Fluid		01010101	Col.	111	1/10101/1
		1111			_
Daum#5; Waste Flammable Liquid	4121 1918 5	010101/10	<u> </u>	001100	DO01/1
Nos' Flammable Lynn	111.				
	1-1-1-1-1-				
Consage Contains a photochemical		1111			7101911
Reactive solvent) [4x/gt]		01010191	265		
		1111			
		1111			1111
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STATE OF ARKANSAS Department of Pollution (rol and Ecology P. O. Box 9583 Little Rock, Arkansas 72219 Telephone 501-562-7444



RR# 496

Plea	ise print or type. (Form designed for use on elite (12-pitch) type										r om r	(ppiove	ou. OMID IV	U. 2000-	0039. Expires 9-	-30-88
A	UNIFORM HAZARDOUS WASTE MANIFEST 1. Generator's US C A D 0 0	8	3	2 5	3	3 4	10 0	Mani	test INN	6	2. Pag of	2	required	by Federa		not
	3. Generator's Name and Mailing Address Allied Corporation - Bendix Electron	dyn	ami	ics	Di	.vi.s	ion						965		er	
	11600 Sherman Way North Hollywood, California 91605				,							e Gener	rator's ID		rankin i	
	4. Generator's Phone (818) 765-1010 5. Transporter 1 Company Name	6.				US EP	A ID Nur	nber		_	C. Sta		porter's ID	1-376	/P.C. 102	44
	DISPOSAL CONTROL SERVICE, INC.	"Ĉ,	, A , '	Ο, Τ	,8	0,0	3,4	1	,8,	4		···	's Phone) 983-034	
	7. Transporter 2 Company Name	8.	<u> </u>			US EP	A ID Nur	nber	 		E. Stat	e Trans	porter's ID	7/45	17 303-03.	74_
		1	1 1	ı	1	(1 1	ı	1 1	-	F. Trar	sporter	's Phone			
	Designated Facility Name and Site Address ENSCO, INC.	10.				US EP	A ID Nun	ber				le Facili		6N 13	10	
	American Road						,	34:	,		H. Fac	ility's P	hone			
	El Dorado, AR 71730	I _A	R	0 0	<u> 6</u>	9 7	4 8				R/H) 863-717	73
	11. US DQT Description (Including Proper Shipping Name, Hazard Class, a	end ID) Nun	iber)			-	1	No.	ntal	Type		13. Total luantity	14. Unit Wt/Vol	Waste No.	¥e.
G	Waste Flammable Liquid, N.O.S.															
N H R	Flammable Liquid HNXXX UN199	3						0	0 	5	DM	L.L	1 ½ 	Y	, D001	
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	J. Additional Descriptions for Materials Listed Above							- 	:				odes for Wa	stes Liste	d Above	
1	See attached continuation sheets				٠.,	•			٠.		,	<i>:</i> - '	Э,	١,		
										<u> </u>				<u> </u>		
	if no alternate TSDF, return to generator															
	15. Special Handling Instructions and Additional Information															
	Gloves & Goggles											-		-		
	WMDS #17422									:	*	, .	10.1			
	16. GENERATOR'S CERTIFICATION: I hereby declare that the conten															
Н	packed, marked, and labeled, and are in all respects in proper condition f sas state regulations.		-	·	-		_							~~4 H %		
	If I am a large quantity generator, I certify that I have a program in place to ticable and that I have selected the practicable method of treatment, sto the environment; OR, if I am a small quantity generator, I have made a	rage,	or dis	posal	curre	ently av	allable t	o me	which	nnin	nimizes	the pres	sent and futu	re threat	to human health a	ınd
	available to me and that I can afford.	i good	u Taitt	1 61101	11 10 1		Ze tily w	asie (Jenen	atioi	ii anu se	siect the	B DBSt Waste	manage	ment method that	LIS
¥	Printed/Typed Name M. CALVERT			Sign	ature	Th.	Pol	us	Y	_				٨	Month Day	Year
7	17. Transporter 1 Acknowledgement of Receipt of Materials					- (سي								013119	7 _ا 8
ÄAN	Printed/Typed Name			Sign	ature				$\overline{}$	(1		A	Month Day	Year
S P	WAYNE S. TARKER			4	Ŀ	W		_{	ے م	1	4d	JE.			03/191	477
Ò	18. Transporter 2 Acknowledgement of Receipt of Materials					\mathcal{L}								·		
RTER	Printed/Typed Name			Sign	ature	•								,	Month Day	Year
P	19. Discrepancy Indication Space			<u> </u>												
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F A C I	11a, 427#															
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Ť	20. Facility Owner or Operator: Certification of receipt of hazardous materi Printed/Typed Name	als CC	JVerec	<u> </u>	akute		except	a5 (10	tea II	1				 -	Month Day	Year
	De How Washburn				N	1	fo	_	W	L	wh	MI	m		0323	87
EΡ	A Form 8700-22 (Rev. 4-85) Previous edition is obsolete.															7



Ple	ease print or type. (Form designed for use on elite	(12-pitch) typewriter.)				Sacramento, Californ
4	UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator's US EPA ID No. CLAID [0] 0 18 3 2 5 3 3 4 0	Manifest ocument No.	2. Page 1 of 1		ation in the shaded areas t required by Federal
П	3. Generator's Name and Mailing Address	LIATIVIOTAL SI ZESE SILSESI	- 1,11 - 1,1 - 1,1 - 1,1 - 1,1 - 1,1 - 1,1 - 1,1 - 1,1 - 1,1 - 1,1 - 1,1 - 1,1 - 1,1 - 1,1 - 1,1 - 1,1 - 1,1 -	A. State M		ument Number
Н	ALLIED CORPORATION/Bendix	Electrodynamics Division		86	3503	11.3
Ш	11600 Sherman Way, N. Hol'			B. State G	nerator's II	t das significants
	4. Generator's Phone (818) 765-10	10		CADO	693263	
П	5. Transporter 1 Company Name	6. US EPA ID Nu	ımber		ensporter's	
Ш	DISPOSAL CONTROL SERVICE					(800)874-3345
Ш	7. Transporter 2 Company Name	8. US EPA ID Nu	ımber		ensporter's	
П					rter's Phone	Productive of the second
Ш	9. Designated Facility Name and Site Address	10. US EPA ID Nu	imber	G. State Fa	CRISA & 1D	
Ш	CASMALIA RESOURCE MANAGEMI	ENT		LIAM		25
Ħ	NTU ROAD					
	CASMALIA , CA 93429	ICIAI DI OLZI OLZI 4	9 1 2 5 12 Conta	inere		
Ш	11. US DOT Description (Including Proper Shippin	g Name, Hazard Class, and ID Number)	No.	l i	Total Quantity	Unit Wt/Vol
Ġ	8.		NO.	Тура	Qualitity	
E	WASTE CORROSIVE SOLID N.O.	.S., CORROSIVE MATERIAL			11.25	
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H	J. Additional Descriptions for Materials Listed A	have	***********************************	M Handilar	Codes for	Wastes Listed Above
П		UNUADO-COROLES	W. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Le communi	COUGO IU	August Place Viole
	CHROMIC ACID ANADIZE SOLUT	ION SOLIDIFIED IN ENVIROR	HARE.			
	a.1-45				0.	3
П						
	15. Special Handling Instructions and Additional i	nformation	2			
	OLOVEO COCOL ED AND PROFILE					
П	GLOVES, GOGGLES AND PROTEC	TIVE CLOTHING			!	
					· ·	; ·
H	16. GENERATOR'S CERTIFICATION: I hereby declar proper shipping name and are classified, pack					
	according to applicable international and natio		ota III propor s			·), ···g······
	Unless I am a small quantity generator who under Section 3002(b) of RCRA, I also certif					
	have determined to be economically practical	able and I have selected the method of tre				
	minimizes the present and future threat to hur Printed/Typed Name	man health and the environment. Signature				Month Day Year
H	Mary CLAVERT	34 18 / 19 mg	سننت المستنب			india.
 `	17. Transporter 1 Acknowledgement of Receipt of		<u> </u>			10 13 11 16 18 17
R		Signature				Month Day Year
R A N S P	Jacky Hock andrew	1/2/1	4120			L BILLKEH
Ιo	18. Transporter 2 Acknowledgement of Receipt of	of Materials		7		<u>ئىلەت قىرىنى قىلىنى بارىنى</u>
R T E R	Printed/Typed Name	Signature				Month Day Year
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Y	20. Facility Owner or Operator: Certification of a				otea in Ite	m 19. Month Day Yea
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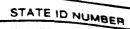
CONTINUATION SHEET



MANIFEST DOCUMENT NUMBER EPA ID NUMBER 86 350 309

		·			20209
THIS IS CONTINUATION SHEETOF		CAIDIO		25334	
PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA Number	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO. TYPE	WASTE CAT. NO.
Drum # 7,8,9; Waster Corrosine	414117579	01010175	У	moleldo	111811
Solid, NOS: CERROSIVE MATERIAL					
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Nitrie Acid solidified in		!			
enviroguand.					111
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CONTINUATION SHEET

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER 86550309

THIS IS CONTINUATION SHEET OF		ICIAI010	<u> इक्षिव</u>	1215131314	
PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA Number	TOTAL QUANTITY	UNIT	1	W 4 6 5 5
Drum # 3; Waste Flowworkle Silidans	4W1/131215	010101215	y	oblipm	
Flammable Sold	1111				
Gilycenin		00005	G1.		
Lubricating Greense		0 0001	•		
PRIMER (dured - NO solvent)		01010101/	1		
Aluminam Tun suese poudon (pH weather)		000005			
Not in oxidizen					
Boxding Compound (Unichame)		2001005	165.		
[no solvents (1 1 1			
Pre base conting two solvent] Zx/G/.		5161016 Z	Gyl.	! 1	
		!			
		1 1 ! !			1 i l 1
Deum #4; Washe Consoine Sold NOS;	4141171519	clap i/lo	シ	001/004	1544
Codnosive Material				!	
		1 1 1			1 ! 1 1
Notace Acid(< 40%)		000001	G		! ! ! !
	1				
Deum #5; Waste Concessive Solid, NOS	WN1 759	010101215	y	001/00	181
Connasion Material				!	
		, , , ,			1 1 1
Gregoriated Constre Soda		010101/18	165.		! ! ! !
(1×15/45, É/×3/4.'s)	1				1 ! ! !
	1 1 1 1	! ! ! !		1 1 ; !	,
Drum#6; Wiste Oxidizen, NOS;	UN1479	018101/10	٧	001101	1/18/1
Ox. dzez					
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Alodine powden		تامامامات	165.		146
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STATE ID NUMBER

CONTINUATION SHEET

CASMALIA

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER %6750509

11				30.	
THIS IS CONTINUATION SHEET 2 OF		CIMPIO	101813	12121214	
PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA Number	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO. TYPE	WASTE CAT. NO.
Dinn# 1: Waste Florante Silid, NOS!	401/13/215	000125	٧_	00000	1352
Flamable Solid					
Randolph products brown bonding paste		0001312	pt: a		
(Criqual unopened contamers; No			<u> </u>		
solvents) 32×/16		1 1 1		1111	
Cyt Silicone jothing compound		010101016	ot.		
(6×1pt.)		1111	4		
Scotch Weld structural Addresive		2101010	at.s		
(Original container - unopened)					
5×19t.					
Silicone Rubber compound (solid-		010101214	125.		
2 × 12/6's				i I I I	
Silicone Rubben compound (No		010101016	165.	1	: 1 1 1
solvents)				! !	
Alcon Bonding paste (solid- No		ob lolos	165.		
su/vents)		!			
Denn #2: Waste Flamonthe Sold Nos:	411/325	0101215	Y	0011000	1352
Florumo ble Sold	1 1 1 1	1 1 1 1		1 1 1 1	1
	1 1	1 1 1			!
PRC bording commend (no solvents)	1111	VICIO 1010	46.		
PRe bonding compound (no sidents)		00000			!
2×10t.	1 1 1 1	i i i i		:	
the bonding compound (base compound	! ! ! !	010101613	σ ε .	1 1 1 1	. ! ! !
NO solvents) 7×9 cc.				1	· 1 1
Dow Coming controlect (No exother.			QF.	1 1 1 1	!!!!
me it. w/other compands - NO	1 1 1 1	1 1 1 1		1 1 1	
soluts) 5x20E					
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IT	WASTE MANIFEST	<u> CIAIDIOIOI8131215</u>	เวเวเ4ได้เดีย	OILA	of 2	law.	·	•
Ш	3. Generator's Name and Mailing Address			i		e Manifest Do		Number .
П	ALLIED CORPORATION/Bend	ix Electrodynamics	Division			63503		en land a second
	11600 Sherman Way, N. H 4. Generator's Phone (818) 765-1	lollywood, CA 91605				nn 08325	334	Secretary of
П	5. Transporter 1 Company Name	6.	US EPA ID Numb	er	C. Stat	e Transporter's	10 71C	301
IJ	DISPOSAL CONTROL SERVICE	E CATO	18 0 0 3 4)824-3345
Ш	7. Transporter 2 Company Name	8.	US EPA ID Numb	er		e Transporter's	<u>.</u>	
Ш						aporter's Phor		
$\ \ $	9. Designated Facility Name and Site Addre		US EPA ID Numb	,	A SELECT OF SELECT	Facility's ID.	*	Andrew Andrew
П	CASMALIA RESOURCE MANAG	PAFAI	f est.	statur.		0 207481	<u> </u>	
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П				12. Conta		13.	14.	
H	11. US DOT Description (Including Proper Shi	ipping Name, Hazard Class, and IL	Number)	No.	Туре	Totai Quantity	Unit Wt/Vol	S paste No.
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П	CORROSIVE MATERIAL WASTE CORROSIVE SOLID	UN 1759		alala		. 35	Y	D002
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П	OXIDIZER N.O.S.			į		10		D003
Ш	WASTE OXIDIZER UN 1479			0 0 1	DIM	10	Υ	181
	J. Additional Descriptions for Materials List	ed Above HAHO36-009097	SOLIDIFIED	1N	K. Han	iling;Codes for	Wastes	Listed Above
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H	l a.7-93 Nitric Acid S	XILLIUN				and who will have a second of		7
		Solution sheet					0	ا
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	GLOVES, GOGGLES AND PRO 16. GENERATOR'S CERTIFICATION: I hereby deproper shipping name and are classified, according to applicable international and Unless I am a small quantity generator under Section 3002(b) of RCRA, I also depended to be economically preminimizes the present and future threat to Printed/Typed Name	continuation shedical continuation shedical continuation shedical continuation shedical continuation shedical continuation shedical continuation shedical continuation shedical shedica	ensignment are fully are in all respects tute or regulation place to reduce the method of treatment.	MA y and according proper of	rately to	escitor move n for transport make a waste icity of waste	by highv minimiz generate	zation certification ed to the degree I able to me which Month Day Year
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	Ш	3. Generator's Name and Mailing Address			1	ate-Manifest		Number ",
	Ш	ALLIED CORPORATION-Bendix Electrodynamics Divis	ston		•	86350	1307	
	Ш	11600 Sherman Way, N. Hollywood, CA 91605			a. St	ate Generator	'e ID	
		4. Generator's Phone (818) 765-1010				ADO 083	25334	
	Ш	5. Transporter 1 Company Name 6. US E	PA ID Numb	er		ate Transport		710201
ı		DISPOSAL CONTROL SERVICE ICIAITIO1810						824_3245
	Ш	7. Transporter 2 Company Name 8. US E	PA ID Numb)er		ate Transport		
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1		CASMALIA, CA 93429 CIAIDIO1210	1171418				28440	
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ງ ທຸຊຸທ /		a. MixxixxXcixxXeixxiixxxiixXXX a.1-23Sulfuric Acid Solution ph.50				ndling Codes		Listed Above
3 5030 /		a. Mixxixxxxxixixxxxixixxxxixixxxxxxxxxxx			FEB	204997	C	Listed Above
り		a. MIXXIXX SCIAN SOLUTION Ph.50 15. Special Handling Instructions and Additional Information			FEB		C	a Listed Above
86 3 3 0/30 /		a. MixxixxXcixxXeixxiixxxiixXXX a.1-23Sulfuric Acid Solution ph.50			FEB	204997	C	a Listed Above
53		a. MIXXIXX SCIAX SOLUTION Ph.50 15. Special Handling Instructions and Additional Information GLOVES, GOGGLES AND PROTECTIVE CLOTHING	180		FE.B	20 4987	<u>C</u>	Listed Above
53		a. ANXIXXXIXX SOLUTION Ph.50 15. Special Handling Instructions and Additional Information GLOVES, GOGGLES AND PROTECTIVE CLOTHING 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consigning proper shipping name and are classified, packed, marked, and labeled, and are in	ment are ful	ly and	FEB	2 U 1017	C Ove by)3
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53		a. AND PROTECTIVE CLOTHING 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consigning proper shipping name and are classified, packed, marked, and labeled, and are line according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute of under Section 3002(b) of RCRA. I also certify that I have a program in place to	ment are ful all respects or regulation to reduce the	ly and a in prop	FEB	described ablion for transports or make a waxicity of was	ove by ort by high aste minimiste general	way ization certification ed to the degree i
53		a. AND PROTECTIVE CLOTHING 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consigning proper shipping name and are classified, packed, marked, and labeled, and are in according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute of under Section 3002(b) of RCRA, I also certify that I have a program in place thave determined to be economically practicable and I have selected the method.	ment are ful all respects or regulation to reduce the	ly and a in prop	FEB	described ablion for transports or make a waxicity of was	ove by ort by high aste minimiste general	way ization certification ed to the degree i
53		a. AND PROTECTIVE CLOTHING 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consigning proper shipping name and are classified, packed, marked, and labeled, and are line according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute of under Section 3002(b) of RCRA, I also certify that I have a program in place that the present and future threat to human health and the environment.	ment are ful all respects or regulation to reduce the	ly and a in prop	FEB	described ablion for transports or make a waxicity of was	ove by ort by high aste minimiste general	way ization certification ed to the degree i
53		a	ment are ful all respects or regulation to reduce the	ly and a in prop	FEB	described ablion for transports or make a waxicity of was	ove by ort by high aste minimiste general	way ization certification ed to the degree I lable to me which Month Day Year
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53	RANSPO	a. 1-23 Sulfuric Acid Solution ph.50 15. Special Handling Instructions and Additional Information GLOVES, GOGGLES AND PROTECTIVE CLOTHING 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignare proper shipping name and are classified, packed, marked, and labeled, and are in according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute of under Section 3002(b) of RCRA, I also certify that I have a program in place to have determined to be economically practicable and I have selected the method in the present and future threat to human health and the environment. Printed/Typed Name DANIEL CHOW 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Signature	ment are ful all respects or regulation to reduce the	ly and a in prop	FEB	described ablion for transports or make a waxicity of was	ove by ort by high aste minimiste general	way ization certification ed to the degree I ilable to me which Month Day Year 10 11 12 13 18 17
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П	11600 Sherman Way, N. Hollywood, CA 91605				· · · · · · · · · · · · · · · · · · ·	
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3. Generator's Name and Mailing Address ALLIED CORPORATION-Bence 11600 Sherman Way, N. H	iix Electrodynamics Divisi		B. State	Manifest Doct 63503 Generator's ID ADO 0832	03	
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CHEMICAL WASTE MANAGEME 35251 Skyline Road Kettleman City, CA 9323	ENT			ATO 00846 ty's Phone 100-222-2		
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J. Additional Descriptions for Materials List SAND/SOIL 99% HYDRAULIC OIL 15	ed Above HAHQ36-009097		K Handi	ing Codes for	Nastee Listed Ab	ove
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18. Transporter 2 Acknowledgement of Rece Printed/Typed Name	sipt of Materials Signature				Month	Day Ye
19. Discrepancy Indication Space						

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

YELLOW TSDE SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

Signature/

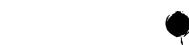
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	4. Generator's Phone (818) 765-1010				E	ADO (08325	334		. <u></u>
	5. Transporter 1 Company Name		PA ID Numbe			te Trans	·		701.	
ŀ	7. Transporter 2 Company Name	8. USEF	₹ / 4 PA ID Numbe			nsporte: te:Trans			970	7707
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	9. Designated Facility Name and Site Address	10. US EF	PA ID Numbe	r	W. W.	le Facili	8.	7		
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Department of Health Services
Toxic Substances Control Division
Sacramento, California

State of California-	Health and Welfare Agency	
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	North Hollywood, CA 91605-5887				B. St	ne Ger	erator	'e ID		212	
	4. Generator's Phone (g1 g) 503-3692	UO EDA IDAL					1600	P. 18	*******		
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Ш	Bendix Electrodynamics E	ivision. 11600	Sherman Way.				31	
Ш	North Hollywood, CA 916	_			B. Ste	a Generator's ID		
	4. Generator's Phone (818) 503-				3.46%	A CONTRACTOR OF THE PARTY OF TH		14.51
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	3. Generator's Name and Mailing Address Bendix Electrodynamics I North Hollywood, CA 916 4. Generator's Phone (818) 503-1	Division, 11600 Sharman Way		B. State Ca	1343. Inerator's ID.	30 ·		
	5. Transporter 1 Company Name J (, TY) (, r) S 7. Transporter 2 Company Name	6. US EPAID	114181813	D. Tregépo E. Stete Tr	ensporter's (C rter's Phone ensporter's (C rter's Phone!		94 A	
	9. Designated Facility Name and Site Address Chemical Waste Managemer 35251 Skyline Road Kettleman City. CA 9323	at .					C//4	7
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R T E R	Printed/Typed Name	Signature				Mon	th Day	Year
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Printed/Typed Name

Signature

Month Day Year

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

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North Hollywood, CA 91605-				nerator's i		
4. Generator's Phone (818) 503-3692				CANAL PROPERTY.		F-36-4
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7 20. Facility Owner or Operator: Certification of					40	-
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Department of Health Services Toxic Substances Control Division Sacramento, California

A	UNIFORM HAZARDOUS WASTE MANIFEST 1. Generator's US EPA ID No. C A D 0 0 8 3 2 5 3 3 4 3 4	Manifest sument No.	2. Page	informa Is not law.	tion in the shaded areas required by Federal
	3. Generator's Name and Mailing Address		A. State	Manifest Docu	ment Number
	Bendix Electrodynamics Division, 11600 Sherman Way, North Hollywood, CA 91605-5887		9 8114	Garage tor a ID	
П	4. Generator's Phone (818) 503-3692				
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П	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	No.	Type	13. Total Quantity	14. Unit Wt/Vol
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	J. Additional Descriptions for Materials Listed Above		K. Handii	ing Codes for V	Vastes Listed Above
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	15. Special Handling Instructions and Additional information	· orin	Q		
	gloves, goggles	Bluesin.	Ð		
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Н	according to applicable international and national government regulations.				
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Y	20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this Printed/Typed Name Signature/	is manifest	except at	s noted in item	n 19. Month Day Year
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(Continuation Sheet)	C. A D O O 8 3 2 5 3 3 2	100039		law.		
23. Generator's Name			L. State N	Manifest Doc 238124	ument	Number
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22000 onerman may, m. no			HAI	HQ360090	97	
24. Transporter Company Name	25. US EPA ID Numbe			Transporter's		
OIL AND SOLVENT PROCESS						<u>18) 334-51</u>
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g) Paint & thinner						
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Department of Health Services Toxic Substances Control Division Sacramento, California

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	ALLIED CORPORATION-Sen 11600 Sherman May. N.	Hollywood.		21011		B. Stat	さ/と3 e Generator's ID	<u>U</u>	<u> </u>
	4. Generator's Phone (318) 765-1		10.501	b			1 A H O 3		— 1
	5. Transporter 1 Company Name OIL AND SOLVEIT PROCES	5 00 L	. US EPA ID N C A D O C 3 3		003		e Transporter's ID	(8)8	1001 334-5117
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IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

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1 T 20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

AN ELM

of California-Health and Welfare Agency

Department of Health Services

Department of Health Services

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

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(Rev. 9-86) Previous editions are obsolete.

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INSTRUCTIONS ON THE BACK

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18. Transporter 2 Acknowledgement of Receipt of Materials		

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19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Printed/Typed Name

INSTRUCTIONS ON THE BACK

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CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

RESPONSE

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	ALLIED CORPORATION/Bendix Electrodyn 11600 Sherman May, N. Hollywood, CA			B. State Gene	123	8115
	4. Generator's Phone (319 765-1010					61 01 01 01 01 017
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	11. US DOT Description (Including Proper Shipping Name, Hazard Class	ss, and ID Number)	No.		Quantity	Unit Waste No. Wt/Vot
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	15. Special Handling Instructions and Additional Information					
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	determined to be economically practicable and that I have s me which minimizes the present and future threat to human h	ealth and the environment;	OR, if I am	a small quan	ity generat	or, I have made a good
	faith effort to minimize my waste generation and select the be	st waste management metho	od that is a	valiable to me	and that I	can afford.
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IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

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4. Generator's Phone (818) 765-	I. Hollywood, CA 91605 1010			16 10 10 19 10
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7. Transporter 2 Company Name	NICE 10 1A 1T 10 18 0 0 B	4 L 3 4	D. Transporter's Phone E. State Transporter's	10001024*
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9. Designated Facility Name and Site Add CHEM-TECK SYSTEMS, I		iber	G. State Facility's ID	10 10 13 13 16
3650 East 26th St.			H. Facility's Phone	<u>חובן כו טו טו</u>
Vernon, CA 90023	<u> </u>	3 6 8 1		14.
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UNIFORM HAZARDOUS WASTE MANIFEST	1. Con prator's US EPA ID N	Do	Manifest ocument No. OLOL 21 4	۰ 🛴	f ¶ is not re	quired	he shaded area by Federal law
3. Generator's Name and Mailing Address ALLIED CORPORATION/Ben 11600 Sherman Way, N.	Hollywood, CA 9:		1	B. Sta	te Manifest Docum O / 2 3 te Generator's ID	<u>α</u> Τ	<u>U /</u>
4. Generator's Phone (818) 765- 5. Transporter 1 Company Name	6.	US EPA ID Number		C. Sta	H A H Q 3 te Transporter's ID		<u>019101917</u> 0328
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CHEM-TECK SYSTEMS, INC 3650 East 26th St.		OG EL A ID Namber		1	C A T 0 8	اه اه	3 3 6 8 1
Vernon, CA 90023		[0 8 0 0 3 3	6 8 1		213) 268-5	056	26
11. US DOT Description (Including Proper St	nipping Name, Hazard Class,	and ID Number)	No.	Туре	Quantity	Unit Wt/Vol	Waste No.
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	•		1, ,				EPA/Other
c.						1	State
	1 0 10	07					EPA/Other
d.	UNI 1813	51					State
	I'lant Engine	ering	1		1111		EPA/Other
	OFILE DATED JULY	10, 1986		c.	01	d.	
15. Special Handling Instructions and Addition	USE APPROPRIATE	PERSONAL PRO	TECTIVE	FOL	IDMENT		
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EPA 8700—22 (Rev. 9-86) Previous editions are obsolete. - 5ACK 44006565

State of California-Health and Welfare Agency

(Rev. 9-86) Previous editions are obsolete.

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	23. Generator's Name ALLIED CORPORATION-Bendix	x Electrodynamics Divis				e Mai 6350	nifest Doc 1312	ument	Number	
	11600 Sherman Way, N. Ho	17ywood, CA 91605		P			nerator's			
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	OIL AND SOLVENT PROCESS (0 3 <mark>i</mark> c). Tra	nspor	ter's Phor	ne (E	318)334	-5117
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	d.1 Freon〜47001720 e.1-8 Skydrol 10% soapy w f.1-4 TRI -470077/2				• • • • • • • • • • • • • • • • • • • •		d	. (01/8 19/90 01/F0	001
	32. Special Handling Instructions and Addition	onal Information								
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FACILI	35. Discrepancy Indication Space									

Sacramento, California Please print or type. (Form designed for use on elite (12-pitch) typewriter.) Information in the shaded areas is not required by Federal 2. Page 1 1. Generator's US EPA ID No. **UNIFORM HAZARDOUS** CIAIDIOI018131215131314 01 01 01 11 6 **WASTE MANIFEST** law. A. State Manifest Document Number 3. Generator's Name and Mailing Address ALLIED CORPORATION/Bendix Electrodynamics Division 11600 Sherman Way, N. Hollywood, CA 91605 B. State Generator's ID 4. Generator's Phone (818 CADO 0832E234 765-1010 5. Transporter 1 Company Name **US EPA ID Number** C. State Transporter's ID D. Transporter's Phone: (818) 334-5117 OTI AND SOLVENT-PROCESS CO
7. Transporter 2 Company Name U S T U S O E State:Transporter's ID F.Transporter's Phone 9. Designated Facility Name and Site Address **US EPA ID Number** 6. State Facility's ID. OIL AND SOLVENT PROCESS CO . CADO 0830290 H. Facility's Phone 1704 First Street Azusa, CA 91702 1C1A1D101018131012191013 12. Containers 13. 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Total Quantity Wt/Vol WASTE FLAMMABLE LIQUID N.O.S. 0 0 2 D M 0 0 1 1 0 0 G ATOR WASTE FLAMMABLE LIQUID N.O.S. UN1993 <u>0| 0| 1| 0| 1| 0| 0| 0| 1| 5| 0| 6</u> WASTE FLAMMABLE LIQUID N.O.S. UN1993 010121DIM10101110101G d. J. Additional Descriptions for Materials Listed Above HAHQ36-009097 K. Handling Codes for Wastes Listed Above a.1 ZL15MAG(Kerosene) a.2 Kerosene 45003537 b.1- Thinner&MEK 75% Paint Waste 25%-45003529 c.1-Heptane 80% Tri 20% c.2-red of1 80% Heptane 20%-4704774 15. Special Handling Instructions and Additional information GLOVES AND GOGGLES 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. Printed/Typed Name Signature M. CALVERT 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Signature Month Yes 18. Transporter 2 Acknowledgement of Receipt of Materials Month Day Printed/Typed Name Signature Year 19. Discrepancy Indication Space 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Printed/Typed Name Month Day

Signature

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Printed/Typed Name

35. Discrepancy Indication Space

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	4. Generator's Phone (818) 765=1010		_	1008325334		A CONTRACTOR OF THE PROPERTY O		
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	Azusa: CA 91702 ICIAIDIOIDI8131012	9 0 3		318) 134.5 13.	117			
	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	No.	Type	Total Quantity	Unit Wt/Vol			
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	FFO Laterates					23.2		
	J. Additional Descriptions for Materials Listed Above a.1-10 Skydrol of 1 60% water 40% b.1 Freon c.1&2 Heptane 75% red of 1 25% c. 3 red of 1 75% heptane 25%		K. Han	dling Codes for V	19/	/		
	15. Special Handling Instructions and Additional Information Gloves and goggles							
	16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are full proper shipping name and are classified, packed, marked, and labeled, and are in all respects according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce th have determined to be economically practicable and I have selected the method of treatminimizes the present and future threat to human health and the environment. Printed/Typed Name	in proper on from the he volume	duty to	on for transport by o make a waste i kicity of waste g	y highw minimiz enerate ly avalia	ation certification		
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FACILITY	19. Discrepancy Indication Space							
Ť	20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this Printed/Typed Name Signature Signatu					Month Day Year		
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Department of Health Services California-Health and Welfare Agency Toxic Substances Control Division Sacramento, California Please print or type. (Form designed for use on elite (12-pitch) typewriter.) Manifest Information in the shaded areas **UNIFORM HAZARDOUS** 1. Generator's US EPA ID No. Document No. is not required by Federal WASTE MANIFEST <u>r la in in in is is is is is is is i</u> law. A: State Manifest Document Number 3. Generator's Name and Mailing Address ALLIED CORPORATION-Bendix Electrodynamics division 11600 Sherman Way, N. Hollywood, CA 91605 Generator's Phone (765-1010 CATTO BRYSSIA 818) US EPA ID Number G. State Transporter's ID Transporter 1 Company Name D. Transporter's Phone DISPOSAL CONTROL SERVICE IC IA IT IO 18 IO IO 13 14 11 18 14 US EPA ID Number E State Transporter's ID 7. Transporter 2 Company Name F. Transporter's Phone 9. Designated Facility Name and Site Address US EPA ID Number G. State Famility's ID TRIPLE J PACIFICATION FACILITY CORP. 3650 East 26th St Vernon. CA 90023 <u>IC IA IT IO I8 IO IO I3 I3 I6 I8 I3</u> 12. Containers 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Total Type Quantity Wt/Vol E N E HAZARDOUS WASTE LIQUID ORM-E. N.O.S. NA9189 <u>0 10 11 IT IT IO 13 IO IO IO</u> Ъ. A O đ. Additional Descriptions for Materials Listed Above K: Handling Codes for Wastes Listed Above HAHQ36-009097 WATER SOLUBLE OILS LUBRICATING GILS PER PROFILE DATED JULY 10. 11 WATER 15. Special Handling Instructions and Additional Information **GLOVES AND GOGGLES** 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree i have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which

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20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

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IN CASE OF AN EMERGENCY OR SPILL, CALL

State of California—Health and Welfare Agency

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(Rev. 9-86) Previous editions are obsolete.

Printed/Typed Name

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Year Month Day

19. Discrepancy Indication Space

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20. Facility Owner or Operator Certification of receipt of hazarators materials covered by this manifest

Printed / Typed Name

Signature

DHS 8022 A (1/87)

WITHIN CALIFORNIA CALL 1-800-852-7550

CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802;

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EMERGENCY

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EPA 8700--22 (Rev. 9-86) Previous editions are obsolete. TSDF SENIOS TAIS COPY TO GENERATOR WITHIN SO DAYS INSTRUCTIONS ON THE BACK

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3	Generator's Name and Mailing Address ALLIED SIGNAL, INC. BENDIX ELEC		 0 0 2	A. Sta	te Manifest Docu	38126	
4	11600 Sherman Way, N. Hollywood Generator's Phone (818 765-10610				te Generator's ID H A H O 3		0191
5	5. Transporter 1 Company Name	6. US EPA ID Number		C. Sia	te Transporter's	000061	- V. I. V. I
1	DISPOSAL CONTROL SERVICE	1C1A1T101310101314	n		nsporter's Phone		1-330
7	7. Transporter 2 Company Name	8. US EPA ID Number		E. Sta	te Transporter's I	ig .	
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9	Designated Facility Name and Site Address	10. US EPA ID Number		G. Sta	te Facility's ID		
	CHEM TECK SYSTEMS, INC.				CIAITIDIS	لجاداواوا	اوله
l	3650 East 26th St				sility's Phone		<u>j</u>
L	Vernon, CA 90023	1C A T 0 8 0 0 3 3			<u>213) 268-</u>		Sept.
L	1. US DOT Description (Including Proper Shipping Name, H	azard Class, and ID Number)	12. Conte	Type	13. Total Quantity	Wt/Vol	Weste N
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\vdash	J. Additional Descriptions for Materials Listed Above		<u>i,</u>	K. Ha	ndling Codes for	Wastes Listed A	bove
ŀ	LUBRICATING OILS			C.	,	d.	
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UNIFORM DAZADOUS		cument No.	2. Pag	intorm	ation in the shaded required by Federal
3. Generator's Name and Mailing Address	<u> </u>	<u> 11 11 11 7</u>	A. State	Manifest Docu	ment Number
ALLIED SIGNAL INC. ELECTRODYNA	MICS DIVISION			872.	38146
11600SHERMAN WAY, N. HOLLYWOOD			B. State	Generator's ID	
4. Generator's Phone (813) 765-1010			LH.	IALHIOL3	16101019101
a. Handportor I dompany Hame	6. US EPA ID Number		C. State	Transporter's I	• 8 0 939
DISPOSAL CONTROL SERVICE	1 C A T 0 3 0 C 3 14	11 18 14	<u> </u>	porter's Phone	(800)824-3
7. Transporter 2 Company Name	8. US EPA ID Number			Transporter's I	D
Designated Facility Name and Site Address	10. US EPA ID Number			porter's Phone Facility's ID	
CHEM TECK SYSTEMS, INC	10. US EPA ID Number				
3650 EAST 26th ST				ATOS	11 01 01 31 31 ET
	1 C. A. T. 0.8.0.0.3.3	681	221:	3) 268-5	056
•		12. Conta		13. Total	14.
11. US DOT Description (Including Proper Shipping Name, Haza	ard Class, and ID Number)	No.	Туре	Quantity	Unit 2 West
a. ·					ave ,
HAZARDOUS WASTE LIQUID N.O.S.,	ORM-E, NA 9189			_	ERA/Other
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UNIFORM HAZARDOUS	1. Generator's US EPA ID No.	Docu	anifest ment No.	1	of .	Ł		the shaded areas by Federal law.
WASTE MANIFEST 3. Generator's Name and Mailing Address	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	الماليا	5 A. SI	ate Man	fest Docum		<u> </u>
ALLIED SIGNAL AEROSPA	ACE Electrodynamics S	dvision				3723	381	.42
11600 Sherman Way, N.				B. St	ate Gen	erator's ID		
4. Generator's Phone (313 765-	-1010			_		HQ:		09097
5. Transporter 1 Company Name		EPA ID Number	0.0.			sporter's II		4007
OIL AND SOLVENT PROCE	8. US	3 8 3 0 21 EPA ID Number	9 3	.31		sporter's II) 334-5117
	1111	1 1 1 1 1	1 1	F. Tr	ansporte	r's Phone		
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AZUSA, CA 91702	14414	0 8 3 0 2	12. Con		دستنب	Total	34-5	1.25 1. 2
11. US DOT Description (Including Proper S	Shipping Name, Hazard Class, and ID N	lumber)	No.	Туре		Quantity	Unit Wt/Vo	Waste No.
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RQ,WASTE HEPTANE FLAN	MABLE LIQUID,UN 1206	(DOO1)	_	.l				Z13 EPA/Other
b.			0 0	1 0 i	1 010	<u> 0 5 0</u>) <u>G</u>	D001
RQ, WASTE FLAMMABLE LI	QUID N.O.S.,UN 1993(F003,F005)	1			Ì	212
(Waste thinner)			0, 0,	4 D, M	10,0	, 2, 0, 0) G	F003 F005
С.				 	†			State
WASTE FLAMMABLE LIQUI	ID N.O.S.,UN 1993 (FO	003)			1			EPA/Other
<u>(Waste paint and sluc</u>	ige)		<u>a a</u>	1 DLF	<u> 1 0 0</u>	<u>101510</u>) <u>G</u>	F 003
d. HAZARDOUS WASTE LIQUI	ID N.O.S., ORM-E.NA91	89(F005)						State 221
(waste skydrol and wa		,	0.1	1 De F	1 0.0	5 5 (G	EPA/Other F005
J. Additional Descriptions for Materials List			A 31					isted Above
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	ste skydrol and water							
d) F28554 Was				111	No	1000		
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Aype.	(Form designed for use on a	olite (12-pitch) typowrin	ler.)		Fo	rm Approx	ved. OMB N	o. 2000-	0404, Expires 7-3
WASTE	HAZARDOUS MANIFEST	21. Generator's U	S EPA ID No.	Manife Document	st 2	22. Page	Informa	tion in	the shaded quired by Federa
	ration Sheet)	ICADO08	3: 2: 5: 3: 3:	4000		2		· · ·	
3. Generator's N		T1 4 4				State M	anifest Do	cument	t Number
11600 C	SIGNAL AEROSPACE	Electrodyna	mics Divisi	on .	ļ	872	38142		<u></u>
	HERMAN WAY	(0.0) 765 1			M	l. State C	ienerator's	ID	
	/WOOD, CA 91605						600909		
	Company Name		. US EPA ID Numbe				ransporter		
	VENT PROCESS CO		A D O O 8		<u>0. 3 o</u>	. Transp	orter's Pho	ne (§	318)334-51
26. Transporter _	Company Name		. US EPA ID Numbe				ansporter'		
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28. US DOT Desc	ription (Including Proper S	hipping Name, Hazi	erd Class, and ID N	umber) 29.	Containe	- 1	.30. Total	31. Unit	R, Waste No.
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S. Additional Desc	riptions for Materials List	ed Above			τ.	Handlin	g Codes fo	r Waste	s Listed Above
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f-	G93094					_	A =		-
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32. Special Handl	ing Instructions and Additi	ional Information	·····	 ,,_			10N 2 8	3 198	8
	• aprend and nation								
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,	327 1127 112 1 211001		comment						
33. Transporter _	Acknowledgement of	Receipt of Material	s						Date
Printed/Typed			Signature						Month Day
									
34. Transporter _	Acknowledgement of	Receipt of Material	s ^	5					Date
Printed Type			Signature	a/\		·			Month Dex
	GREVIER	ر	して	1 \	00				KG1/71
(F)				لنهم					
(-1).	Idication Space								
35. Discrepancy li	ndication Space								•
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3. Generator's Name and Mailing Address	108325334	171.10		e Manifest Docum	required by Federa ment Number	
ALLIED SIGNAL AEROSPACE ELECT				<u>8814</u>	03/7	
11600 SHERMAN WAY, N. HOLLYHO 4. Generator's Phone (818 765-1010	OD, CA 91605			e Generator's ID A. N. Q. 3. 6	5, 0, 0, 9, 0, S	9. 7
6 Transporter 1 Company Name	6. US EPA ID Number				90109	1
DISTOSTI CONTELL	61-1710819934	1184	D. Tran	aporter's Phone	714-993	-0
7. Transporter 2 Company Name	8. US EPA ID Number			e Transporter's II	D	
9. Designated Facility Name and Site Address	10. US EPA ID Number			aporter's Phone e Facility's ID		
CHEM TECK SYSTEMS, INC.				-	0 0 33 8	8 1
3650 EAST 26th ST.				lity's Phone	A said	
VERNON, CA 90023	C A T O 8 6 O 3 3		12	13) 268-5		
11. US DOT Description (Including Proper Shipping Name,	Hazard Class, and ID Number)	12. Conta	Type	13. Total Quantity	1 51/00/90/co -	/aate
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HAZARDOUS WASTE LIQUID, N.O.:	S., ORM-E, NA 9189			מאיבת	EPA/O	her
b .		991	n r	000100	G N/A	
<u>.</u>						
					EPA/ON	107
c.					State	
	·				EPA/Ot	her
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J. Additional Descriptions for Materials Listed Above	·····	111	<u> </u>	disa Cadaa das l	Wastes Listed Abo	
WATER SOLUBLE OILS LUBRICATING OILS WATER PER PRO	WILE.		C.		d.	
15. Special Handling instructions and Additional Information USE APPROPRIATE PERSONAL PRO	TECTIVE EQUIPMENT					
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4. Gene	erator's Phone (818) 765	-1010 6.	US EPA ID Number		Ţ		3 6 0	0 9 0 9 7
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IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

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	ALLIED SIGNAL INC. Bendix Ele	ctrodynamics	Division	A	Generator's ID	38T21
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(Form designed for use on elite (12-pitch) typewriter.) Form Approved, OMB No. 2000-0404, Expires 7-31-86 21. Generator's US EPA ID No. Manifest ÚNIFORM HAZARDOUS 22. Page Information in the shaded Document No. areas is not required by Federal **WASTE MANIFEST** CADOOR32533 (Continuation Sheet) 0.0.0.7 0 23. Generator's Name L. State Manifest Document Number 87534141 Allied Signal Aerospace Inc. Electrodynamics Division M. State Generator's ID 11600 Sherman Way, North Hollywood, CA 91605 HAH036009097 Company Name 25. US EPA ID Number 24. Transporter N. State Transporter's ID Oil and Solvent Process Co CADDO 8 3 2 D 2 9 D O. Transporter's Phone 26. Transporter Company Name 27. US EPA ID Number P. State Transporter's ID Q. Transporter's Phone 29. Containers 30. Total 31. Unit R. Waste No. 28. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Quantity b. C. d. e. RQ, Waste 1,1,1-Trichloroethane ORM-A 741 UN 2831 (FOO1) 440065/3 F001 0 05 DM 0 02 5 Q f. a. S. Additional Descriptions for Materials Listed Above T. Handling Codes for Wastes Listed Above le) Profile LAX G93094 32. Special Handling Instructions and Additional Information Use appropriate personal protective equipment. Date Acknowledgement of Receipt of Materials 33. Transporter .. Day Signature Printed/Typed Name Date 34. Transporter _ Acknowledgement of Receipt of Materials Signature COGYV CIU 35. Discrepancy Indication Space

1988 MANIFESTS (TANK 13 SOIL EXCAVATION)

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CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPL

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State of California—Health and Weitare Agency

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Department of Health Services
Toxic Substances Control Division Sacramento, California

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EPA 8700-22 (Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 D

All March 7-01

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1	Generator's Name and Mailing Address	<u> </u>		A. Bud	Anders Doc	ument Num	Ä
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7	Transporter 2 Company Name	8. US EPA ID Number		Marie of Serve City	e Trensporter's		751
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9.	Designated Facility Name and Site Address	10. US EPA ID Number	ſ	C. Sta	te Fecility's ID		-
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State of California—Health and Welfare Agency Form Approved OMB No. 2050—0039 (Expires 9-30-88)

Department of Health Service Toxic Substances Control Divisio Sacramento, Californi

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	Generator's Phone (818.) 768-1010 Transporter 1 Company Name 8.	US EPA ID No		Mary Paryona		A M D Transporter's		1007
		101210		4.7	L	nsporter's Phone	180	5 373-11
7.	Transporter 2 Company Name 8.	US EPA IO N			E. Ste	te Transporter's E)	
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9	Designated Facility Name and Site Address 10.	US EPA ID N	anber			te Facility's ID		<i>a,</i>
	CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE					A Y O O C		
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DHS 8022 A (1/88)

EPA 8700---22 (Rev. 9-86) Previous aditions are obsciete.

Do Not Write Below This Line

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN:

18171 03

DHS 8022 A (1/88)
EPA 8700---22
(Rev. 9-86) Previous editions are obsolets

Do Not Write Below This Line

Yellow: YSDF SENDS THIS COPY TO GENERATOR WITHIN 30

dillo

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN MAY, N. HOLLYMOOD, CA 91605 Generator's Phone (818) 765-1010 Transporter 2 Company Name 0 US EPA ID Number Transporter 2 Company Name 0 US EPA ID Number CHEMICAL MASTE MANAGENERY 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239 CA 7 0 0 6 4 1. US DOT Description (Including Proper Shipping Name, Hazard Class, and IC Number) RQ, HAZARDOUS MASTE SOLID, N.O.S., ORN-E NA 9189 (FOO1) (contaminated soil) Additional Descriptions for Materials Listed Above PROFILE LAX H-85178 CONTAMINATED SOIL FROM SITE MATERIAL CONTAMINATED SOIL FROM SITE MATERIAL GENERATOR'S CERTIFICATION: I hereby deciare that the contents of this conseptement a and are classified, packed, marked, and labeled, and are in all respects in proper condition national government regulations. If I am a large quantity generator, I chrift that I have a program in place or reduce the route to be economically practicable and first inhead to Summary patent and foliuse threat to Summa health and the environment; Off, if am a small qualities If I am a large quantity generator, I chrift that I have a grogram in place or reduce the route to be economically practicable and this in which has a waitable to me and that if a wai	20139	2 Page 1	i i	tion in the si	naded areas ederal law.
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Instructions on the

Manifest

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2. Page 1

to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. Printed/Typed Name

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DHS 8022 A (1/88)

EPA 8700 -- 22

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9:30

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UNIFORM HAZARDOUS

ROBIN OSEAS

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Transporter 1 Acknowledgement of Receipt of Materials

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Signature 40

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Day

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day

Department of Health Sec. Toxic Substances Control Dir

information in the shaded areas

Sacramento, Califora

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19 Printed/Typed Name

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20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

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3. Additional Descriptions for misterials triated Above			8.		b.	risted Mone
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DHS 8022 A (1/88) EPA 8700-22 (Rev. 9-86) Previous editions are obsolete.

Do Not Write Below This Line

Yellow TSDF SENDS THIS COPY TO GENERATOR WITHIN

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Welfare Agency	
-0039 (Expires 9-30-88)	
signed for use on alite ((2) meb typawriter)

Instructions on the B

UNIFORM HAZARDOUS WASTE MANIFEST Generator's US EPA ID No C A D O O 8 3 2 Generator's Name and Mailing Address	8334	De D			ia not re	quired b	e sheded areas ly Federal law.
ALLIED SIGNAL, INC. ELECTRODYNAMICS DI	VISION		A State	884	185	42	9
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91 4. Generator's Phone (818) 765-1010	.605		B. State			9.6	1097
5. Transporter 1 Company Name 6 Mil Vicinia Truck State (A)	US EPA ID Number	1 1.4 7	C. State	Transpor	rter's 10	70	3667 "-373-1151
7. Transporter 2 Company Name 8.	US EPA D Number	IN IN	E. Busto		خسست	80)	וניון פעטיין
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9 Designated Facility Name and Site Address 10. CHEMICAL WASTE MANAGEMENT	US EPA ID Number	_	i. State	- "		4 4	4117
35251 OLD SKYLINE DRIVE		.	4. Fect	ly's Phon			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, a	o Q Q G 4	12. Conti	Contraction interceptions and in	13. Tot Qua		14. Unit Wt/Vol	I. Waste No.
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ALLIED SIGNAL, INC. ELECTROPYNAMICS DIVISION 11609 SHERMAN NAY, N. HOLLYHOOD, CA 91608 4. Generator's Phone (812 765-1010 5. Transporter 1 Company Name 6. US EPA ID Number 7. Transporter 2 Company Name 8. US EPA ID Number 9. Designated Facility Name and Site Address 10. US EPA ID Number CHENICAL WASTE NANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) A. (Rate Manifest Poquinger Number 2428) 9. Italia Generator's D 9. Italia Generator's Phone 9. Italia Generator's D 9. Italia Gen		JNIFORM HAZARDOUS WASTE MANIFEST	1. Generator's US EPA ID N	, c	Manifest coursent Ho		i		ne shaded areas by Federal law
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20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19

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	3. Generator's Name and Mailing Address ALLIED SIGNAL , INC. ELECTRODYN 11600 SHERMAN WAY, N. MOLLYMOOD 4. Generator's Phone (818 765-1010	AMICS BIVISION	·	8. State	Generator's ID	42	3
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CHEMICAL WASTE MANAGEMENT			1	ATOGO	44	4117
35251 OLD SKYLINE DRIVE				lity's Phone		
KETTLEMAN CITY, CA 93239	4199964	-	-	(800) 222-		
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18. Transporter 2 Acknowledgement of Receipt of Materials

Signature

Month Day

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19

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Month Day

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20. Facility Owner or Operator Certification of receipt of hazardous materials povered by the manifest except as noted in Item 18.

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19. Discrepancy Indication Space

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EPA 8700-22

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20 Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19

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KETTLEMAN CITY, CA 93239	CATI	اعاماماها	16 11 7 12 Cont		(800) 222	2964	<u> </u>
1 US DOT Description (Including Proper Shipping	Name, Hazard Class, and	ID Number)	No.	Type	Quantity	Unit Wt/Vo	Waste No.
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KETTLEMAN CITY, CA 93239 CATO	00646		Mark was a written for		222-29	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID N	Nimber)	12. Conta	Type	latoT .E1	y Unit Wt/Vol	
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GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulation

If I am a large quantity generated I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best was management method that is available to me and that I can afford.

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19. Discrepancy Indication Space

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20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Signature Z

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20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Itam 19.

Printed/Typed Name

Signature

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19. Discrepancy Indication Space

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20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest Printed/Typed Name

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18. Transporter 2 Acknowledgement of Reseipt of Materials Printed/Typed Name Signature Month Day Year

19. Discrepancy Indication Space

20 Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19

Printed/Typed Name

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	5. Transporter 1 Company Name	6. US EPA ID Number	2 1/ 7	C. 31a	te Trens	corter's ID	7036	84
		(47,000,644	477			orter's ID		353-1151
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	9 Designated Facility Name and Site Address	10. US EPA ID Number	L	G. Sta	te Facilit	y's 10		
	CHEMICAL WASTE MANAGEMENT			C	AI	0 0 0	1614	611117
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UNIFORM HAZARDOUS 1. WASTE MANIFEST	Do	Manifest cument No.	2. of			sheded areas Federal law.
3) Generator's Name and Mailing Address	CADOOBSESSIA	T 1717	<u> </u>	lanifest Docume		
11600 SHERMAN MAY, N	ELECTRODYNAMICS DIVISION . HOLLYWOOD, CA 91605		B. State G	BBO48	104	0
Generator's Phone (814 764-10 Transporter 1 Company Name	6. US EPA ID Number		C. Blate T	ranaporter's ID	E 10 2 19	0000
MY PENCHANTINGE SE	yes phonographic	412141Z		erter's Phones		
7. Transporter 2 Company Name	. 8 US EPA ID Number			ransporter's ID		
9. Designated Facility Name and Site Address	10. US EPA ID Number		<u> </u>	rter's Phone 'sollity's ID		
CHEMICAL WASTE MANAGEME				***	4.4	444
35251 OLD SKYLIME DRIVE			H. Facility			
KETTLEMAN CITY, CA 9323	9 GAT 9 0 0 6 4		<u> </u>	(800) 2	2-29	
11 US DOT Description (including Proper Shipp	ping Name, Hezard Class, and ID Number)	No.	Type	13. Total Quantity	Unit Wt/Vol	l. Wasie No.
DO HETADONIA HACTO COLT						511/751
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NA 9189 (FOO1) (contam)	nated soil)	01011	al to	10 F 141/2		FOO1
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J. Additional Descriptions for Materials Listed /	Nove		N Slands	ing Codes for W	antes Lie	ited Above
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17 Transporter 1 Acknowledgement of Receip						
Printed/Typed Name	Signature	10	_			Month Day Yea
18. Transporter 2 Acknowledgement of Receip	it of Materials		· Jazza	*		1412114
Printed/Typed Name	Signature					Month Day Yea
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41000646117 Facility Owner or Operator Cartification of receipt of hazardous materials covered by this manifest except as noted in Item 19 ررو

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Signature

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1-800-424-8802;

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DHS 8022 A (1/88)

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ļ	5. Transporter 1 Company Name	6.	US EPA ID Number		C. 34a	a Transpirer a		7676
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l	PROFILE LAX N 68176		W. T. S.	1		63	b.	•
		*	* ************************************		c.		d.	
	CONTHAMINATED SOIL FROM S	ITE REMEDI.	ATION					
1	15 Special Handling Instructions and Additional Inform	nation						
1								
	WEAR APPROPRIATE PERSONAL	PROTECTIV	E EQUIPMENT					
	18.		·	······				
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	to be economically practicable and that I have se present and future threat to human health and the	e environment; OR,	if I am a small quantity	generator, II	disposs nave ma	il currently availat de a good faith e	ole to me ffort to m	which minimizes t inimize my waste
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			erials covered by this m	nanifest exce	pt as no	ted in Item 19.	· · · · · · · · · · · · · · · · · · ·	Month Day

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4 Generator's Phone (818 765-1016 5. Transporter 1 Company Name 6	US EPA ID Number			te Transporter's IC		13 200
r'i		4-71412		suporter's Phone		1777
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35251 OLD SKYLINE DRIVE				ality's Phone	18 v	L. 3444
KETYLEMAN CITY, CA 93239 C	ATGGGGA			20) 222-20		r
11. US DOT Description (Including Proper Shipping Name, Hazard Cla	sas, and ID Number)	12. Cont	Type	13. Total Quantity	14. Unit Wt/Vol	Wast
8 DA HATARANIA MARIE AND A CO		1			1, 401	State
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INSTRUCTIONS ON THE BACK

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IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-400

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Transporter 2 Company Name	5-12.0 [C/4]	US EPA 10 Nu	2 1 1 2 mber	1417	D. Tre		's Phone		393/15
				11			a Phone		···
Designated Facility Name and Site Add		US EPA ID Nu	miber		1	te Facil		CORY	(5), 1), 1, 1, 1, 19;
CHEMICAL WASTE MANA 35251 OLD SKYLINE D						cility's P		0151	6 1 1 1 7
KETTLEMAN CITY, CA	93239 C A	T101010161		1 7			00) 22 Total	2-29	64
1. US DOT Description (Including Proper	Shipping Name, Hazard Class,	and ID Number)		No.	Type		Quantity	Unit Wt/Vo	Waste No.
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5/602 15165	(10 m/	Signature		1					Month Day
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N CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize made an appropriate and select the heat waste measurement method that is available to me and that I can afford

Printed/Typed Name ROBIN OSE	AS	Signature / MARA	Month Day Year
17. Transporter 1 Acknowledgement of Re	eceipt of Materials	,	
Printed/Typed Name OCCUL HAC	CAR	Signature and I have	Month Day Year 1100141618
18. Transporter 2 Acknowledgement of Re	ęce lpt of Maţeriala		
Printed/Typed Name		Signaturé	. Month Day Year

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

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INSTRUCTIONS ON THE BACK

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IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1 800-424-8802; WITHIN CALIFORNIA CALL 1-800-862-768

Printed/Typed Name	Signature /	Month Day Year
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17. Transporter 1 Acknowledgement of Receipt of Materials		
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18 Transporter 2 Acknowledgement of Receipt of Materials		
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UNIFORM HAZARDOUS					Sacrament
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WASTE MANIFEST Generator's Name and Mailing Address	CLAIDIOI01813121513131			is not re	equired by Federal
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Kettleman City, CA 93	3239 C A T 0 0 0	6 4 6 1 1 / 12. Cont	والمراجعين المراجعين	222-21	964
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CONTAMINATED SOIL FR 15 Special Handling Instructions and Addit WEAR APPROPRIATE PER 16. GENERATOR'S CERTIFICATION: I name and are classified, packed, m international and national governmen If I am a large quantity generator, I determined to be economically prace me which minimizes the present and	SONAL PROTECTIVE EQUIPME hereby declare that the contents of this colarked, and labeled, and are in all respect	insignment are fully to is in proper condition duce the volume and ticable method of tra- vironment; OR, if it a	and accurate n for transport d toxicity of eatment, sto m a small qu	ort by highwa waste genera rage, or disp pantity gener	above by proper slay according to appeared to the degree cosal currently availator, I have made
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IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

(Ray. 9-86) Previous editions are obsolete.

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802- WITHIN CALIFORNIA CALL 1-800-852-7650

EPA 8700---22 May, 9-88) Previous editions are obsolete

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

Printed: Typed Name Signature Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed / Typed Name Signature Month Day

19. Discrepancy Indication Space

Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed Typed Name

Month Day Y

DHS 8022 A (1/87)

EPA 8700---22

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Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

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	ALLIED SIGNAL , INC. ELECTRODY				8753	407	1
	11600 SHERMAN WAY, N. HOLLYWOO	D, CA 91605		4.0	te Generator's ID		
	Generator's Phone (818) 765-1010					944	7471
1	Transporter 1 Company Name F Vac Truck (C)	6. US EPA 10 Number	ラルフ		te Transporter's naporter's Phone		0.36 xx
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	CHEMICAL WASTE MANAGEMENT		•		ATOO	0.6.4	6117
	35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239	1C ,A ,T D D D D A A	117		ility's Phone 300) 222-	2964	~
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DHS 8022 A (1/87) EPA 8700—22 (Rev. 9-86) Previous editions are obsolete.

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IN CASE OF AN EMPROPHICY OF SPILL CALL THE NATIONAL RESPONSE CENTED

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(Rev. 9-86) Previous editions are obsolete

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11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605			te Generator's I		
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11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Numb	12. Co	ntainera	13. Total Quantity	14. Unit	I. Waste No.
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NA 9189 (F001) (contaminated soil)	01.01	1 DL	3941	T	F001
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OHS 8022 A (1/88) EPA 8700—22 (Rev. 9-86) Previous editions are obsolete.

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_ /	US EPA 10 Number	VVIYIZ	D. Transpo	rter's Phone	- Jun-	3:13-11-1
9 Designated Facility Name and Site Address 10.	US EPA ID Numbe			rter's Phone		
CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE	US CEA ID HUMBE	*		700	164	4117
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					1.1.		1	nsporter's Phone	·	
3 (Designated Facility Name and Site Addre CHEMICAL WASTE HANA		10.	US EPA ID	Number			te Facility's ID	06	46117
	35251 OLD SKYLINE D							ility's Phone	***	•
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11.	US DOT Description (Including Proper S	Shipping Name, Hazi	ard Class, an	d iD Number)	No.	Туре	Quantity	Unit Wt/Vol	Wasts No.
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•	lifornia—Health and Welfare Agency ived OMB No. 2050—0039 (Expires 9-30-88) t or type. (Form designed for use on elite (Eich typewriter).	Instructions of	on the		(artment of Health Service ubstances Control Division Sacramento, Californ
	UNIFORM HAZARDOUS VASTE MANIFEST CLAUDIO OLD STORM	Docum	nifest nent No.		i i		ne shaded areas by Federal law
5.	Generator's Name and Mailing Address ALLIED SIGNAL, INC. FLECTRODYNAMICS Generator's Phone 11600 SHERMAN WAY, N. HOLLYNOOD, CA Transporter 1 Company Rame 6. CALLER OF THE PROPERTY PROPERT	DIVISION		B. Stell C. St. D. Trai	B 8 0 4 B 8 0 4 B 9 0 4 B 9 0 4 B 9 0 4 B 9 0 4 B 9 0 6 B 9 0 6 B 9 0 7 1 B 9 0	803	12 12 13 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
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,	US DOT Description (Including Proper Shipping Name, Hazard Class, and	d ID Number)	12. Conta No.	iners Type	13. Total Quantity	14. Unit W1/Vo	l. Waste No.
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F	Printed/Typed Name	Signature		7		·	Month Day Ye
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ALLIED SIGNAL, INC. ELECTRODYNAM	ICS DIVISION			RROA	803	1
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4. Generator's Phone (818 765-1010			لليب	And the second s		1097
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CHEMICAL WASTE MANAGEMENT				1111	444	1411
35251 OLD SKYLINE DRIVE			H. Fac	alty's Phone	• • •	
KETTLEMAN CITY, CA 93239	GATOOO64		<u> </u>	(800) 222		
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DHS 8022 A (1/818)

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l	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and	d ID Number)	No.	Туре	Qı	antity	Unit Wt/Vol	Waste No.
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	J. Additional Descriptions for Materials Listed Above PROFILE LAX H 68176 CONTAMINATED SOIL FROM SITE REMEDIATION		<u></u>	K. He	ndling Co	odes for \	Wastes I b. d.	: isted Above
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A State Medical Document Number ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11500 SHERMAN MAY, N. HOLLYMOOD, CA 91605 R. State St		US 1. Generator's US EPA R) No.	Manifest Document No.	2. 3	1		he shaded areas
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION SIGNATURE OF SIGNAL AND N. HOLLYMOOD, CA 91605 Transporter 1 Congary Name 9 US FPA D Number 10 US FPA D Number 10 Description FPA D Number 11 US CPA D Number 12 Description (Including Proper Shopping Name, Hazard Class, and IQ Number) 13 RQ, HAZARDOUS MASTE SOLID, N.O.S., OMM-E NA 9189 (FOO1) (contaminated seli) 14 Additional Descriptions for Majorial Library Above PROFILE LAI N 6276 CONTAMINATION BOIL FROM SITE REMEDIATION 15 Special Panding Instructions and Additional Information NEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT 16 Separation (Including Instructions and Additional Information NEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT 17 Transporter 1 Certify that have a program in place to reduce the victime and closicity of waste generating to the degree I have did not closed the post of the proper condition for transport by highway according to applicable international present and finite frees to have have been able management method via to waste generating to the degree I have did not closed the post of the proper condition for transport by highway according to applicable international present and finite frees to have have have and expect in deduce the victime and closed by waste generated to the degree I have did not closed the proper condition for transport by highway according to applicable international present and price frees and have have been able management method via it available to me and that I can effort. 15 Transporter 2 Acknowledgement of Receipt of Materials 16 Descriptions of present or Certification of receipt of Materials 17 Transporter 2 Acknowledgement of Receipt of Materials 18 Description of Certification of receipt of Materials 19 Descriptions of Certification of receipt of Materials 19 Descriptions of Certification of receipt of Materials 19 Descriptions of Certification of receipt of Materials 19 Descriptions of Certification of receipt of Materials 19 Descriptions of Certification of receipt of Materials 19 D	WASTE MANIFEST 3. Generator's Name and Meiling Add		1 2 4 3 3 4	लियम्ब	·/			
State Contract Part Personal Properties and Above PROFILE LAR N 6875 CONTRAINATION STEE PARADOUS MASTE SOLID, N.O.S., ORN-E NA 9189 (F001) (contaminated solid) (contaminated so			S DIVISION			8804	802	26
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Transporter 2 Company Name B. US EPA ID Number F. Transporter 9 De P. Transporter 9 De P. Transporter 9 De P. Transporter 9 De P. Transporter 9 De P. Transporter 9 De P. Transporter 9 De P. Transporter 9 De R. CHEMICAL MASTE MANASEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CLTY, CA 93229 II. US DOT Description (including Proper Shipping Name, Plazard Cless, and IQ Number) R. Contrainer R. Contrainer R. Contrainer R. Contrainer R. Contrainer R. Contrainer R. Contrainer R. Contrainer R. Contrainer R. Contrainer R. Contrainer R. Contrainer R. Contrainer R. Mandling Codes to Wester Listed Above PROFILE LAN MERSY CONTRAINATORE BOIL FROM SITE REMEDIATION 15. Special Handling instructions and Additional information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping as and are classified, pickeds, menhad, and labeled, and are in all respects in proper condition for transport by indrives according to applicable information WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping as and are classified, pickeds, menhad, and labeled and are in all respects in proper condition for transport by indrives according to applicable information in the second proper in the proper i		DD=1010		ımber	c. 8	to Transporter	8 8	9997
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	UNIFORM HAZARDOUS 1. General WASTE MANIFEST & A	etor's US EPA ID No.	.Qoçu	anifest iment ik	3	2. Pa	.			e shaded areas by Federal law.
	Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTR 11600 SHERMAN WAY, N. HOLL					. State	88	Docum Q.A.	802	5
	4 Generator's Phone (818 765-1010						AX	1.1		1207
C	7 Transporter 1 Company Name	6. US EP.	A ID Number	1217	· L.		Transport		7°. 7°.5°.2°.2°	313640 31311151
	7 Transporter 2 Company Name	8. US EP	A 10 Number	. 	L		Trenspo		D	
	9. Designated Facility Name and Site Address	10. US EP	A ID Number	1_1_			sporter's • Facility			
	CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE	,5. 55.0						0.0	4.4	44117
	KETTLEMAN CITY, CA 93239	CATOO	10161416		Zontai		13. To	222-	2964	Υ
1 '	1. US DOT Description (Including Proper Shipping Na	me, Hezard Class, and ID Nu	umber)	No	1	Туре		entity	Unit Wt / Vo	Waste No.
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UNIFORM HAZARDOUS 1. Generator's	OS EFA ID NO.	Manifest Document No.	P. P	age 1 Infor	mation in 1	he shaded area
WASTE MANIFEST	108125114	11/1/1				by Federal law
3 Generator's Name and Mailing Address			A. Stat	te Mariest Doc	ument Nur LRNS	
ALLIED SIGNAL, INC. ELECTRODY	YNAMICS DIVISION	1	B. Stat	e Generator a I		4 ——
. G.11600 SHERMAN WAY, N. HOLLYN	00D, CA 91605		ل. ا	الأساسان	1.1	1111.
5. Transporter 1 Company 12. 765-1010	6. US EPA ID Nun	nber	C. St	- Indiana	10	0,9 9 9
1 They be	10/01/11/11/11	2 ايدا مايدا ت		eporter's Phon		T 347 1
7. Transporter 2 Company Name	6. US EPA ID Nun	nber		e Transporter's		
9. Designated Facility Name and Site Address	10. US EPA ID Nun	nber .		le Facility's ID	·	
	75. 55 277 12 115.		i.		A 4 4	1611117
CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE				Ally's Phone	A-10-14	101414
KETTLEMAN CITY, CA 93239	1444444	4444			440.4	044
11 US DOT Description (Including Proper Shipping Name, F	fazard Class, and ID Number)	tz. bont		Quantity	Unit	Waste
a .		No.	Туре		Wt/Ve	State
RQ, HAZARDOUS WASTE SOLID, N NA 9189 (FOO1) (contaminated	.O.S., ORM-E					EPA/ORA
NA 9189 (FOO1) (contaminated	3011)	0,0,1	DIT	0101214	2 T	EPA/Omer
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J. Additional Descriptions for Materials Listed Above PROFILE LAX H 65276			K. Hs	indiano Codes fo	w Waates b.	
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Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DA

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3 Generator's Name and Mailing Address ALLIED SIGNAL. INC. ELECTRODYNAMICS DIVISION		A. Stat	RROAS		
11600 SHFRMAN NAY, N. HOLLVHOOD, CA. GLEOK		B. Stat	General b	W.	J
Generator's Phone (918) 765-1010			ROLL		4447
	112:0:5		e Trenepolter's IC reporter's Phone		34 54 -372-1151
Transporter 2 Company Name 8. US EPA ID Number	4-1-1-	E. Start	e Trensporter's 10	المنطوعية المارات	
Designated Fecility Name and Site Address 10. US EPA ID Number			eporter's Phone		
CHEMICAL WASTE NAMAGEMENT	i		ATOO		8111
35251 OLD SKYLINE DRIVE			lity's Phone		
KETTLEMAN CITY. CA 93239 CATGGGGG	12 Con1	ainera i	(800) 222-	2964	l.
11. US DOT Description (Including Proper Shipping Name, Hezerd Class, and ID Number)	No.	Type	Quantity	Unit Wt/Vol	Weste No.
I. DO UATABRAME NASTE PALTA M.A. C. ARM P.					511/75
RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (FOO1) (contaminated soil)	001	D T	교의되작년	T	EPA/Other
b.	133.		CARROT		State
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7.	Transporter 2 Company Name	5 .	US EPA ID Numbe	r , , ,		le Transporter's IO		War to Action
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- Health and Welfare Agency

caCalifornia-

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Signature

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Department of Health Se Toxic Substances Control Divisio

UNIFORM HAZARDOUS WASTE MANIFEST Generator's Name and Mailing Address		Manifest ocument No.	of A. State	is not		e shaded areas y Federal law. per
ALLIED SIGNAL, INC. ELECTRODYNAM 11600 SHERMAN WAY, N. HOLLYWOOD, Generator's Phone (818) 765-1010	CA 91605		6. State	2204	801	8 <u></u>
Transporter 1 Company Name 6. 1	US EPA ID Numbe	1117		Trallepatroite parter's Phone		397
7. Transporter 2 Company Name 8.	US EPA ID Numbe		F. Trans	Triffeporter's porter's Phone		, , , , , , , , , , , , , , , , , , , ,
9 Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE	D. US EPA ID Numbe		A. Stall		444	4 4 4 4
11 US DOT Description (Including Proper Shipping Name, Hazard	Clase, and ID Number)	12 Confi	ainers Type	ra fotal	Unit W1/Vol	. Waste No
RQ. HAZARDOUS HASTE SOLID., N.O.S	., ORM-E					State EPA/OH 1/7
MA 9189 (FOO1) (contaminated soi	1)	0 0 1	D T	اكلنائلم	4	SIATE FOO
c.		+++	L	1111		Diate
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PROFILE LAX H 65176 CONTAMINATED SOIL FROM SITE REME	77 A W 7 A W	A. P	. 0	79	d.	
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to be economically practicable and that I have selected the present and future threat to human health and the environme generation and select the best waste management method the	ent; OR, if I am a small quantit hat is available to me and tha	y generator, i i	disposal ensurement	a good faith	effort to me	nimize my waste
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Printed/Typed Name F)	Signature	Jalk.	I DI as note	d in Hem 19.		ما بلمانا

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3	UNIFORM HAZARDOUS WASTE MANIFEST	1. Camerator's US EPA ID N	Qocu	enifest iment No I / I / I √	ļ	1		e shaded area: ly Federal law.
	Generator's Name and Mailing Address ALLIED -SIGNAL, INC. E		ntvictor		A. Bla	8804	ment Numt	Ř
ı	G. 11600 SHERMAN WAY, N.	HOLLYWOOD, CA	91606			is constant a	اماماء	ولمادات
5	Transporter 1 Company Hame	` •	US EPA ID Number	1.342		nd Trallaplinal's seponer's Phone	10 mg.	3/4/
7.	Transporter 2 Company Name	6.	US EPA IO Number		E. Ste	te Transperter's reporter's Phone	10	
9.	Designated Facility Name and Site Address	10.	US EPA ID Number	<u></u>		to Facility's D		gar
	CHEMICAL WASTE MANAGE 35251 OLD SKYLINE DRI	YE		1		A Plain	0 6 4	6131317
-	KETTLEMAN CITY, CA 93	_ · · ·	<u> </u>	12 Cont	ainers	(909) 822	-2954 Unit	I. Weste
-	US DOT Description (Including Proper Ship	pping Name, Hazard Class,	and ID Number)	No.	Туре	Quantity	Wt/Vol	
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-	WEAR APPROPRIATE PERS 15 Special Handling Instructions and Addition				<u></u>			<u></u>
	WEAR APPROPRIATE PERS	ONAL PROTECTIV	E EQUIPMENT					
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Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

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-	'UNIFORM HAZARDOUS			Manifest	C. P	age 1	informa	lion in th	e sheded s
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	ALLIED SIGNAL, INC.				B. Sta	o Green	ŲĄI	MI	2
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it	5 Transporter 1 Company Name	5~1010	US EPA ID Number	····		A Triban	Hart !	0.0	0.0
		1		1.1.42	D. Yre	neporter's	Phone		
	7. Transporter 2 Company Name	8.	US EPA ID Number		E. Sta	te Transpo	rter's 10		
			 	111	<u> </u>	rebouter, e			
	9. Designated Facility Name and Site Addr		. US EPA ID Number			te Facility			
	CHEMICAL WASTE MANAGE 35281 OLD SKYLINE DR				H Fac	Hity's Pho	M DIT		411
	KETTLEMAN CITY, CA 9		A TIOIOIOI AI AI	6111117		FRON	222	-	•
				12. Cont		13. To	tal	14.	
1	11. US DOT Description (Including Proper	Shipping Name, Hazard	Class, and ID Number)	No.	Туре	Cu	entity	Unit Wt/Vol	W
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		itional Information							
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ANSPORTE 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name Signature Month

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Signature

Day

DHS 8022 A (1:87)

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EPA 8700-22 (Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

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INSTRUCTIONS ON THE BACK

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18 Transporter 2 Acknowledgement of Receipt of Materials		
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20 Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

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IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-880% WITHIN CALIFORNIA CALL 1-800-852-7550

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INSTRUCTIONS ON THE BACK

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DHS 8022 A (1/87) EPA 8700—22 (Rev. 9-86) Previous editions are obsolete.

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INSTRUCTIONS ON THE BACK

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1988 MANIFESTS (TANK 13 SOIL EXCAVATION) CONTINUED

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INSTRUCTIONS ON THE BACK

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INSTRUCTIONS ON THE BACK

3. Generator's Name and Mailing Add	Giess		Document No.	A SI	te Manifest Do	of required	ber
ALLIED SIGNAL. INC	. ELECTRODYNAMICS	DIVISION		-	87	381	65
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EPA 8700—22 (Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

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Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

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(Rev. 9-86) Previous editions are obsolute. Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

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3. Generator's Name and Mailing Address \$\delta_{\text{t}}\delta_{t		ON STREET	A. State Ma S. State Ge	serator's ID	5159	917
5. Transporter 1 Company Name M. P. VACCUM 7. Transporter 2 Company Name	6. US EPA ID N EPATODIO IG 8. US EPA ID N	24247				775
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239	10. US EPA ID N		G. State Fa	eilty's ID eil Oil Phose		1
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INSTRUCTIONS ON THE BACK

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EPA 8700-22

19. Discrepancy Indication Space

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INSTRUCTIONS ON THE BACK

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Previous editions are obsolete

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Printed/Typed Name	Signature	Month Day Year

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

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IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8809- WITHIN CALIFORNIA CALL 1-800-852-7550

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19. Discrepancy Indication Space

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20 Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed / Typed Name

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DHS 8022 A (1/87)

Signature

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INSTRUCTIONS ON THE BACK

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EPA 8700-22 (Rev. 9-86) Previous aditions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

NO CASE OF AN EMERGENCY OR SPILL. CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7650

DHS 8022 A (1/87)

EPA 8700-22 (Rev. 9-86) Previous editions are obsolete. Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

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(Rev. 9-86) Previous editions are obsolete.

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

19. Discrepancy Indication Space

part James

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed Typed Name

Signature

INSTRUCTIONS ON THE BACK

EPA 6700-22 (Rev. 9-86) Previous editions are obsolete.

DHS 8022 A (1/87)

DHS 8022 A (1/87)

Printed Typed Name

EPA 8700—22 (Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

SPA 8700—22 (Rev. 9-86) Previous editions are obsolete.

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INSTRUCTIONS ON THE BACK

R- 2937-05

UNIFORM HAZARDOUS M. Generator's US EPA ID No.	Manifest 🕊	2. 1	Page 1	Informs	ation in I	he shaded areas
WASTE MANIFEST CLAID DO DE 13 12 15 13 13 14	Document No.		of 1	ł .		by Federal law.
3. Generator's Name and Mailing Address All TED CTCMAL THE CLEATING DIVISION DESCRIPTION		A. 81	te Mani	eat Docur	2 O	ື3 Ω
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION 11600 SHERMAN WAY, M. HOLLYWOOD, CA 91605		B. Sta	te Gene	rator's ID	<u> 387</u>	30
4. Generator's Phone (818) 765-1010		1 .			6101	019101917
Transporter 1 Company Name 6. US EPA ID Nun	mber	C. 81	de Trace	sporter's E		04005
Transporter 2 Company Name 8. US EPA ID Num	71,115/17		4	r's Phone	50	5-393-113
Transporter 2 Company Name	ni ce r			r's Phone	-	re the
9. Designated Facility Name and Site Address 10. US EPA ID Num	mber		nie Facil			
CHEMICAL WASTE MANAGEMENT			CIAL	ILO30	1016	46117
35251 OLD SKYLINE DRIVE			, aly	k, e.,	103.3434	
KETTLEMAN CITY. CA 93239 C. A. T. O. O. O. E.	4 10 11 1/ 12. Con	البادارة سجدا عطاريه	-	722 Total	14.	k 1. 22
1. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	No.	Туре	'	Quantity	Unit Wt/Vo	Weste No.
DO HAZADDONG MACTE COLTO N O C. ODM. C.						State
RQ.HAZARDOUS WASTE SOLID, N.O.S., ORM-E NA 9189 (FOO1) (contaminated soil)	0.0	דם ב	١٨.		7	EPA/Other
		77.	100	10131	Z	State
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J. Additional Descriptions for Materials Listed Above PROFILE LAX H-69176 CONTAMINATED SOIL FROM SITE REMEDIATION		e.	25	7	d.	isted Above
PROFILE LAX H-65176		C.	03	?	d.	
CONTAMINATED SOIL FROM SITE REMEDIATION 15. Special Handling Instructions and Additional Information		c.	Q 3	described	d.	by proper shipping
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EPA 8700—22 (Rev. 9-86) Previous editions are obsolete.



EPA 8700--22

(Rev. 9-86) Previous editions are obsolete.

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Designated Facility Name and Site Address	10. US EPA ID Nur	mber .		porter's Phone Facility's ID		
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3 Generator's Name and Mailing Address			A. State	Manifest Poor	7 7 3 1 1 1
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5. Transporter 1 Company Name	6. US EPA ID Number			A H Q 3	
MP VOLUME TOUCK Soul CT				KART TAPE	
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9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT	10 US EPA ID Number	†		Facility's ID	
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Ŀ	4. Generator's Phone (818) 765-1010 ±						pinipin
	5 Transporter 1 Company Name , 6. US EPA ID Number						1604
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1	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and IO Number)	12. Conte		13. T	otal antity	14. Unit	Waste
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DHS 8022 A (1/87) EPA 8700---22 (Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

CENTER 1.800.424.8802;

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1	4. Generator's Phone (818) 765-1010			. A	HAIHIOI3		000
	5. Transporter 1 Company Name 8.	US EPA ID Number		C. 85	ila Transporter's		E CL
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١	11. US DOT Description (Including Proper Shipping Name, Hazard Class, a	nd ID Number)	No.	Туре	Quantity	Unit Wt/Vol	Was
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20 Facility Owner or Operator Certification of receipt of hexardous materials covered by this manifest except as noted in item 19. Printed/Typed Name

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 Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMICS DIV 	ISION		Ì	- OT#	8		3818	
11600 SHERMAN WAY, N. HOLLYWOOD, CA 916			Ì		a Gener	ntor's ID		•
4. Generator's Phone (818) 765-1010 5. Transporter 1 Company Name 6.	US EPA ID Numi			C 81	HALL	1013	ialois Ses	jaio
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9. Designated Facility Name and Site Address 10. CHEMICAL WASTE MANAGEMENT	US EPA ID NUMI	Der			. bu	Ž.	10151	Li 6 i 1 :
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5	Transporter 1 Company Name 6.	US EPA ID Number				266
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INSTRUCTIONS ON THE BACK

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Printed/Typed Name

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3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAM		XI XI XI 31		· Mandary Port	3 : 1	
11600 SHERMAN WAY, N. HOLLYWOOD, 4. Generator's Phone (818) 765-1010			8, 816	Constant &		
5 Transporter I Company Name 8	US EPA ID Nomi					
7 Transporter 2 Company Name 8.	US EPA ID Numi	per	القينونسي	Mayoner a		
9 Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE	US EPA ID Nomi	odr Der	7	AT DO	0161	is in in
KETTLEMAN CITY, CA 93239	C_A_T_G_0_0_6_4				-2964	
11. US DOT Description (Including Proper Shipping Name, Hazard	Class, and ID Number)	12. Con	Type	18. Total Quantity	Unit E	Waste
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	and a second control of the second of the se					
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State of California-Hegith and Weitare Agency

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18. Transporter 2 Acknowledgement of Receipt of Mate	orials		7
Printed/Typed Name	, ,	Signature	Month Day Ye
			11111
19. Discrepancy Indication Space		<u> </u>	

20.	Facility Owner or	Operator Certification	of receipt of hazardous	materials covered t	y this manifest	except as noted	in Item 19.
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INSTRUCTIONS ON THE BACK

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INSTRUCTIONS ON THE BACK

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UNIFORM HAZARDOUS 1. Generator's USE WASTE MANIFEST 1. Generator's USE	Do	Manifest cument No. 0101316	1		informal	of a	
3. Generator's Name and Mailing Address		0101318	A. Stat		IL DESCRIPTION		
ALLIED SIGNAL, INC. ELECTRODYNAMIC							IZ.
12600 SHERMAN WAY, N. HOLLYWOOD, C/ 4. Generator's Phone (818) 765-1010	A 91605			Serec	માં કુંદ્રવ્યા,		
5. Transporter 1 Company Name 6.	US EPA ID Number				orter's D		0.9 0
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7. Transporter 2 Company Name 8.	US EPA ID Number		E. Stat	• Trensp	orter's 10		
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Designated Facility Name and Site Address 10.	US EPA ID Number	-		• Facili	1.3		
CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE							4 6 1
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11. US DOT Description (Including Proper Shipping Name, Hazard	Class, and ID Number)	No.	Туре	<u> </u>	uentity	Wt/Vo	4495
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		0 8 3 2 5 3 3 4 0	Document No.		of a la not	periuper	by Federal av
-	3. Generator's Name and Mailing Address	ITAA DYUKATAN		A. Sta	ite Manifest Pocu	THE P	71
1	ALLIED SIGNAL, INC. ELECTRODYNAM 11600 SHERMAN WAY, N. HOLLYWOOD,			B. Ste	ite Generator's D	304	<u> </u>
ĺ	4. Generator's Phone (818) 765-1010	, CM 91000		ì	NIAIHIOI3		A 9 0 0
		6. US EPA ID Numl	ber		te Transporter's		0226
	7. Transporter 2 Company Name 7. Transporter 2 Company Name	10/8/0/03	14/18/4	0. 31	neporter's Pirone Lie Transporter's i		
	7. Transporter 2 Company Name	6. US EFRID NUM	Del		insporter's Phone		10 ¹
	9. Designated Facility Name and Site Address	10. US EPA ID Numi	ber		nte Facility's ID	4	
	CHEMICAL WASTE MANAGEMENT	`			CIANTIOLO	0	4611
	35251 OLD SKYLINE DRIVE			H F	All Phone		
	KETTLEMAN CITY. CA 93239	CAT00064	12. Cont.	elners	13. Total	2454	17 (2)
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	J. Additional Descriptions for Materials Listed Above PROFILE LAX H 65176			KH	anding Codes for	Wastes L	leted Above
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EPA 8700—22
(Rev. 9-86) Previous editions are obsolete.

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INSTRUCTIONS ON THE BACK

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INSTRUCTIONS ON THE BACK

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	Printed/Typed Name JAN 1: McGEE	Signature Auch	Month Day Year
	18. Transporter 2 Acknowledgement of Receipt of Materials		
	Printed/Typed Name	Signature	Month Day Year
	19. Discrepancy Indication Space		

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19

Printed/Typed Name

ROBIN OSEAS

Do Not Write Below This Line

Signature

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DHS 8022 A (1/88)

Printed/Typed Name

Month Day

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(Rev. 9-86) Previous editions are obsolete

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DHS 8022 A (1/88)

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	Transporter 1 Company Name 755 1010	6 US EPA IO Nun		H	te Transporter's K		
	Frank District Control	10/10/18/19			naporter's Phone		400341
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	35251 OLD SKYLINE DRIVE			H. Fac	ality's Phone		
_	KETTLEMAN CITY. CA 93239	10 A 10 B 10 K		<u> </u>	(800) 222	2964	
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WASTE MANIESCY IF A F	tor's US EPA ID No.	Manifest ocument No.		i		e shaded by Federal
WASTE MANIFEST GAD Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTROD		OCKP		Manifest Docum		
11600 SHERMAN WAY, N. HOLLYW Generator's Phone (818) 765-1010	1009, CA 91605		i	e Generator's ID	400	9 0 6
Transporter 1 Company Name	6. US EPA ID Numbe		C. Stat	e Transporter's I sporter's Phone	0 70	1680
Transporter 2 Company Name	8. US EPA ID Numbe			a Transporter's II		373-
			<u></u>	sporter's Phone		
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE	10. US EPA ID Numbe	ər	Q	A T Q Q	0 6 4	61
KETTLENAN CITY. CA 93239	CATOGGS	6117		(800) 222	-2964	
11. US DOT Description (Including Proper Shipping Nam	ne, Hazard Class, and ID Number)	12. Cont	ainers Type	13. Total Quantity	14. Unit W1/Vol	w
RQ, HAZARDOUS WASTE SOLID, I	10 4 00%	- 110	1,7,50		1	State 6
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DHS 8022 A (1/88) EPA 8700—22 (Rev. 9-36) Previous editions are obsolete. Do Not Write Below This Line

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EPA 8700-22 (Rev. 9-86) Previous editions are obsolete. Do Not Write Below This Line

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Do Not Write Below This Line

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19

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Printed/Typed Name

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R	Printed/Typed Name	Signature	Month Day Year
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	19. Discrepancy Indication Space		
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20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name Signature

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EPA 8700-22 (Rev. 9-86) Previous editions are obsolete.

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Month Day Year

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(Rev. 9-86) Previous editions are obsolete

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3 Generator's Name and Mailing Address At LITTA CIONAL THA PROPERTURE DESIGNATION OF THE PARTY O		A. Bia	te Manifest Docur	U 35 Deut Manie	er E
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION		B. Sta	te Generator's ID	<u> </u>	<u> </u>
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605 4. Generator's Phone 818 765-1010			AHIGIZI	18101	9 0 9 7
5. Transporter 1 Company Name 6. US EPA ID Num 6. US EPA ID Num	-		te Transporter's I naporter's Phone	# 44 N	373-1151
7. Transporter 2 Company Name 8. US EPA ID Nun	nher		le Transporter's i		7/7 0/11
			nsporter's Phone		
9. Designated Facility Name and Site Address 10. US EPA ID Nur CHEMICAL WASTE MANAGEMENT	noer		te Facility's ID	14141	#111171
35251 OLD SKYLINE DRIVE			ality's Phone	.131.151.1	
KETTLEMAN CITY, CA 93239 IC A IT 10 10 10 16 1			(800) 22		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Cont	Type	13. Total Quantity	14. Unit Wt/Voi	l. Waste No.
1.					State 611/75
RQ, HAZARDOUS WASTE SOLID, N.O.S., ORM-E				_	EPA/Other
NA 9189 (U226/U228) (contaminated seil)	0 10 11	DI	(1401-11°	I	U226/U228
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Printed/Typed Name

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20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

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Printed/Typed Name

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20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Signature

KORIN CZEVZ	Million (1911)	م ایرانداندانداند
17. Transporter 1 Acknowledgement of Receipt of Materials		
MARTI BAREFILLO	Marte Da Lel	Month Day Year
18. Transporter 2 Acknowledgement of Receipt of Materials		
Orinted/Tuned Name	Signature	Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19

Printed/Typed Name Signature

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EPA 8700—22 (Rev. 9-86) Previous editions are obsolets.

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*UNIFORM HAZARDOUS 1. Generator's US EPA ID WASTE MANIFEST C A D O O 8	/fig	Manifeat cume vivo		<u> </u>		ie shaded al by Federal li
3. Generator's Name and Mailing Address ALLIED SIGNAL, INC. ELECTRODYNAMIC	S DIVISION		A. 81a	8814	537	3
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CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239 C A	, T , O , O , O , S, 4,	£. 1. 1. 7	H. F	(800) 222-		
11. US DOT Description (Including Proper Shipping Name, Hazard Clas		12. Conta	iners	13. Total Quantity	14. Unit	Wa
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PROFILE LAX H 65176	•		C.		d.	
CONTAMINATED SOIL FROM SITE REMED	IATION					
16. Special Handling Instructions and Additional Information	· · · · · · · · · · · · · · · · · · ·				<u> </u>	
WEAR APPROPRIATE PERSONAL PROTECT	TIVE EQUIPMENT	•				
16. GENERATOR'S CERTIFICATION: 1 hereby declare that the control and are classified, packed, marked, and labeled, and are in all remational government regulations. If I am a large quantity generator, I certify that I have a program in to be economically practicable and that I have selected the practic present and future threat to human health and the environment; O generation and select the best waste management method that is	spects in proper condition place to reduce the volu- icable method of treatments, if I am a small quantity	i for transport me and toxicit nt, storage, or generator, i h	by high y of wa disposi	way according to a ste generated to that currently available	pplicable e degre	e internation e I have de which minin
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EPA 8700-22 (Rev. 9-86) Previous editions are obsolete.

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DHS 8022 A (1/88)

FPA 8700-22 (Rev. 9-86) Previous editions are obsolete. Do Not Write Below This Line

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DHS 8022 A (1/88)

EPA 8700-22 (Rev. 9-88) Previous editions are obsolete.

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20. Facility Owner or Operator Certification of receipt of hazardou Printed/Typed Name	s materials covered by this n	nanifest exce	pt as no	ted in Item 19.		Month Day, Yes

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20. Facilit	y Owner or Operator Cen	: tification of receipt of haz	ardous materials covered	by this manifest exc	opt as noted	in Item 19.		
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20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

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20. Facility Owner or Operator Cedification of receipt of hazardous materials covered by this manifest-except as noted in Item 19

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EPA 8700-22 (Rev. 9-86) Previous editions are obsolete.

DHS 8022 A (1/88)

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EPA 8700—22 (Rev. 9-86) Previous editions are obsolete.

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CHEMICAL WASTE MANAGEMENT		H. Facility's P	000		d 1 1 7
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	12. Conta	inera 13.	Total	14.	J.
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	No.	Туре	Quantity	Unit Wt/Vol	Waste
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DHS 8022 A (1/88) EPA 8700-22 (Rev. 9-88) Previous editions are obsolete. Do Not Write Below This Line

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Printed/Typed Name

EPA 8700—22 (Rev. 9-86) Previous editions are obsolete.

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

	UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator's US	EPA ID No. 8 3 2 5 3 3	1/9	Manifest ocument No	T	Page 1 of 1	· t		e shaded areas by Federal law.
3	Generator's Name and Mailing Address ALLIED SIGNAL, INC. 1 11600 SHERMAN WAY, N	ELECTRODYNA	ICS DIVISI			A. 8	iste Ma	814 erator's ID		<u> </u>
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	19. Discrepancy Indication Space					Name of the last o				
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> ∣	20. Facility Owner or Operator Certificat	ion of receipt of haza	rdous materials cover	ed by	-manifest e	KCept as	noted in	Item 19.		

	UNIFORM HAZARDOUS Generator's US EPA		Manifest ocument No.,	2. F	age 1	inform	ation in th	ne shaded areas
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3	3. Generator's Name and Mailing Address			A. 9ta	ile Manii O	ont Docum	nent Num	ber A
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4	11600 SHERMAN WAY, N. HOLLYHOOD,	CA 91605		1			1 - 1	
-	5. Transporter 1 Company Name 6.	US EPA ID Numbe			A Trains		POR	0001
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Š	Designated Facility Name and Site Address 10.	US EPA ID Numbe)r	G. 80	te Facil	ity's ID		
	CHENICAL WASTE NANAGEMENT				ia iy i	000	le le	
	35251 OLD SKYLINE DRIVE			H. Fa	clety's P	hone		W 8 8 7
	KETTLEMAN CITY, CA 93239	444444		<u> </u>	1000	1 221	-200	<u> </u>
	11. US DOT Description (Including Proper Shipping Name, Hazard C	less and ID Number)	12. Co	ntainers	13.	Yotal Quantity	Val.	I. Waste No.
			No.	Туре	ļ		WI/Vo	4
	i. Do ultibraid uleve ealer male	A84 P			1			State 494 /7E
	RQ. HAZARDOUS WASTE SOLID, N.O.S. NA 9189 (U226/U228) (contaminated							EPA/Other
	NA 9189 (U226/U228) (contamina ted	3011)	601	PI	4		II.	U226/U228
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	J. Additional Descriptions for Materials Listed Above PROFILE LAX H 65176 CONTANIRATED SOIL FROM SITE REMEI	PAITM .		K. H	andling (Codes for	Wastes b.	EPA/Other
	PROFILE LAX H 65176 CONTANIRATED SOIL FROM SITE REME! 15. Special Handling Instructions and Additional Information			• (andling (Codes for	b.	
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to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name	Signature	Month Day Year
ROBIN OSEAS	Brown Lasters	1/12/01/18
17. Transporter 1 Acknowledgement of Receipt of Materials		
Printed/Typed Name	Signature	Month Day Year
14 11/1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1/1-11/1/18
18. Transporter 2 Acknowledgement of Receipt of Materials		
Printed/Typed Name	Signature	Month Day Year
		11111
19. Discrepancy Indication Space		

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19

Printed/Typed Name

Signatu

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PA 8700-22 (Rev. 9-86) Previous editions are obsolete.

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1 7	WASTE MANIFEST CIAIDIO 0 8 3 2 5 3 3 Generator's Name and Malling Address	4 1 1		A Qu	of 1			y Federal law.
1	ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION			n. ou	88	14	330	1
	11600 SHERMAN WAY, N. HOLLYNOOD, CA 91606 Generator's Phone (818) 765-1010				de General		A. A.	A. A. A. B.
1	Generator's Phone (818.) 765-1010 Transporter 1 Company Name 6. US EPA ID	Number		C. 8ts	rie Transpo	rter's ID		91919171
	CAN COM TO CONCERT MOIN	فراده إعيان	1717	D. Tre	meporter's	Phone		-7.5119
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	Designated Facility Name and Site Address 10. US EPA tD	Number	LL	G. 51	te Fecility	e ID	نبزب سفت	
	CHEMICAL WASTE MANAGEMENT 35261 OLD SKYLINE DRIVE			C H Fa	AT B	00	64	6 1 1 7
	KETTLEMAN CITY, CA 93239 C A T O O O	6:4:6:1	117		800) 2		164	
1	US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number	1	2. Cont	ainers	13. To Qui	entity	14. Unit	l. Waste No.
-			No.	Туре			Wt/Vol	State
	RQ, HAZARDOUS MASTE SOLID, N.O.S., ORH-E		• •			,	_	611/76) EPA/Other
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-	15. Special Handling Instructions and Additional Information			<u> </u>			1	
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Instructions on the E

Manifest

Page 1

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DHS 8022 A (1/88)

EPA 8700-

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19. Discrepancy Indication Space

ROBIN OSEAS 17. Transporter 1 Acknowledgement of Receipt of Materials

18. Transporter 2 Acknowledgement of Receipt of Materials

State of California-Health and Welfare Agency

Form Appreved OMB No. 2050-0039 (Expires 9-30-88)

UNIFORM HAZARDOUS

Fields print or type (Form designed for use on elite

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19

AK

Printed/Typed Name

Printed/Typed Name

Printed/Typed Name

Signature

Month

Department of Health Service

Sacramento, Califo

Toxic Substances Control Divi

information in the shaded areas

Signature

Signature

DHS 8022 A (1/88) EPA 8700--22 Do Not Write Below This Line

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EPA 8700-22 (Rev. 9-85) Previous editions are obsolete.

WASTE MANIFEST QADQ		11/6		of 1	is not		by Federal law.
ALLIED SIGNAL, INC. ELECTRODYNA	MICS DIVISION		A. 312	8	148	559	5
11600 SHERMAN WAY, N. HOLLYWOOD	, CA 91606		-		rator's ID		
4. Generator's Phone (812) 765-1010 5. Transporter 1 Company Name	8. US EPA ID Number		C. Sta	to Trans	porter's	a o	19097
pepper in a few yours	1011 1-121-10101213	421717			'a Phone		313-115
7. Transporter 2 Company Name	8. US EPA ID Number				porter's l	0	
Designated Facility Name and Site Address	10. US EPA ID Number		×	te Feci	's Phone Ity's ID		······································
CHEMICAL WASTE MANAGEMENT						0.4.4	4117
35251 OLD SKYLINE DRIVE			Į	aty's P			
KETTLEMAN CITY. CA 93239	CATODOGAG	12. Cont		13.	222- Total	14.	L
11. US DOT Description (Including Proper Shipping Name, Haz	ard Class, and ID Number)	No.	Туре		Quantity	Unit Wt/Vo	
RQ, HAZARDOUS WASTE SOLID, N.O.S	ORM-E						State 611/75
NA 9189 (U226/U228) (contaminat	ed seil)	991	27	1.4	k /1215	. T	EPA/Other 11226/11228
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PROFILE LAX N 68176 CONTAMINATED SOIL FROM SITE REM	EDIATION		C.	03	············	d.	
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DHS 8022 A (1/88)

EPA 8700-22 (Rev. 9-86) Previous editions are obsolete.

Do Not Write Below This Line

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WASTE MANIFEST		Document No	1	1		by Federal law.
3. Generator's Name and Mailing Address			A. 8t	te Mahifest Docu	ment Num	ber
ALLIED SIGNAL, INC. E	LECTRODYNAMICS DIVISION			8848	559	4
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			L	naporter's Phone		
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KETTLEMAN CITY, CA 93	239 IC IA IT IQ IQ IQ IG			200) 222-		
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Signature

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19

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WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

Instructions on the

Manifest

2. Page 1

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

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19. Discrepancy indication Space

State of California-Health and Welfare Agency Form Approved OMB No. 2050-0039 (Expires 9-30-88)

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Waste No.

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4. Generator's Phone (819 765-1010 6. US EPA ID Numbo	9r		A N 0 3		
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CHEMICAL WASTE MANAGEMENT 35251 OLD SKYLINE DRIVE KETTLEMAN CITY, CA 93239 1 Q A T Q Q Q & 4	1811		A 7 0 0 likty's Phone (800) 22		611
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(Rev. 9-84

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Genetor's Name and Mailing Address		A. State	Manifest Docum	ent Num	par
ALLIED SIGNAL, INC. ELECTRODYNAMICS DIVISION	1	- المنافعة	83485	108	9
11600 SHERMAN WAY, N. HOLLYWOOD, CA 91605	-		Generator's ID		
Transporter 1 Company Name 6. US EPA ID Number		C. State	Transporter a IL	4.0	2297
Transporter 2 Company Name 8. US EPA ID Number	21 212 1 5		porter's Phone	477	3921151
. Transporter 2 Company Name 8. US EPA ID Number	<u> </u>	E. State	Transporter's ID	_	
			porter's Phone		
Designated Facility Name and Site Address 10. US EPA ID Number			Facility's ID		
CHEMICAL WASTE MANAGEMENT	-	H Facili	A T G B E		4111
SETTLEMAN CITY, CA 93239 CATIO O G 4	1	_	800) 222-		
	12. Conta		13. Total	14.	1.
1. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	No.	Type	Quantity	Unit Wt/Vol	Waste No.
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15. Special Handling Instructions and Additional Information					
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Printed/Typed Name Signature		,			Month Day Yo
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Instructions on the Aleck

FACILITY

AN EMERGENCY OR SPILL, CALL

CASE OF

Printed/Typed Name

20. Facility Owner or Operator Certification of receipt of hezardous materials covered by this manifest except as noted in Item 19.

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Month Day

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EPA 8700-22 (Rev. 9-86) Previous editions are obsolete.

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CHEMICAL WASTE MANAGEMEN 35251 OLD SKYLINE DRIVE			H P	SHIP . Phone G	000	-
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Generator's Phone (218) 768-101	G. US EPA ID Num	hber	6	A Transporter a D	اواوا	واواو
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20. Facility Owner or Operator Certification of receipt of hezardous materials covered by this manifest except as noted in Item 19.

Signature

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WEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations

to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

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20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19

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Printed/Typed Name

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Signetyre

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Printed/Typed Name

Do Not Write Below This Line

Signature

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this mignifest except as noted in Item 19

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN :

Month

Day

DHS 8022 A (1/88) EPA 8700-22

DHS 8022 A (1/88) EPA 8700—22 (Rev. 9-86) Previous editions are obsolete. Do Not Write Below This Line

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WASTE MANIFEST

Manifest

2. Page 1

Information in the shaded areas

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19. Discrepancy Indication Space

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20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name 5/12/1

18. Transporter 2 Acknowledgement of Receipt of Materials

Signature

Month Day

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DHS 8022 A (1/88) EPA 8700---22

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(Rev. 9-88) Previous editions are obsolete.

Do Not Write Below This Line

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Printed/Typed Name

18. Transporter 2 Acknowledgement of Receipt of Materials

Do Not Write Below This Line

Signal

Signature

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

Month

Month

Day

Day

Department of Health Services Toxic Substances Control Division

Sacramento, Californu

Printed/Typed Name

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19. Discrepancy Indication Space

State of California-Health and Welfare Agency

Form Approved OMB No. 2050-0039 (Expires 9-

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DHS 8022 A (1/88) EPA 8700—22 Rev. 9-86) Previous editions are obsolete.

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Signature

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

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Department of Health Service

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Generator's Phone (818) 765-1010	non! ou stans		B H. AH	3 6 6	ةٌ م.(007
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20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

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Printed/Typed Name

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Signature

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19

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(12-pitch typewriter). 1. Generator's US EPA ID No

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name

and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. Printed/Typed Name Signatur Month Day

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17. Transporter 1 Acknowledgement of Receipt of Materials

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HEAR APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT

15. Special Handling Instructions and Additional Information

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State of California—Health and Welfare Agency Form Approved OMB No. 2050—0039 (Expires 9-30-88)

UNIFORM HAZARDOUS

WASTE MANIFEST

Please print or type. (Form designed for use on

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19

Printed/Typed Name

Month Day

Year

Department of Health Services Toxic Substances Control Division

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is not required by Federal law.

Sacramento, California

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EPA 8700—22 (Rev. 9-86) Previous editions are obsolete.

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Department of Health Services Toxic Substances Control Division Sacramento, California

Waste No.

611/71

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is not required by Federal law

Back

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DHS 8022 A (1/88)

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CALL

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EMERGENCY

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Do Not Write Below This Line

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88)

UNIFORM HAZARDOUS

WASTE MANIFEST

Please print or type. (Form designed for use on

EPA 8700—22 (Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30

(Rev. 9-86) Previous editions are obsolete.

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